

# North Carolina Balance of State Continuum of Care

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## 2012 Balance of State Regional Committee Project Application Approval Form

Name of Applying Agency	Project Name	Project Type (PH-PSH, PH-RRH, TH, etc.)	New/ Renewal (N/R)	Total Amount of Funding Requested	Approved? (Y/N)	Date of Reg. Comm. Meeting When Approved (mm/dd/yy) <i>If electronic vote, mark e-vote</i>	Priority (1, 2, 3, etc.)
Agency to End Homelessness	Shelter Plus Care II	PH-PSH	N	\$			
Agency to End Homelessness	Shelter Plus Care I	PH-PSH	R	\$250,000			
People Helping People	Homeless No More	PH-PSH	N	\$100,000			
People Helping People	Transitions	TH	R	\$87,615			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			

This form certifies that all Continuum of Care funding applications in this region have been reviewed by the Regional Committee and that the priority assigned to them has been determined by committee vote.

Region: Sample Regional Committee

Name of Regional Committee Lead: Victor Volunteer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this signed form and a copy of the meeting minutes at which the vote took place to NCCEH.

Email: [bos@ncceh.org](mailto:bos@ncceh.org) Fax: 888-742-3465