

2018-2020 RFP APPLICATION - SCORING APPEAL

Project Title:

Agency name:

Contact Information for Project Applicant:

Primary contact for this application: _____

Mailing address: _____

Application contact phone: _____

Application email address: _____

Tax Identification Number #: _____

Request for Proposal Category: Check the Category for which this Application applies:

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter (DV, Youth, Individual, Family) | <input type="checkbox"/> Rapid Rehousing/Rental Assistance |
| <input type="checkbox"/> Coordinated Entry Services | <input type="checkbox"/> Capital Improvement Project |
| <input type="checkbox"/> Winter Weather Hotel/Motel Vouchers | <input type="checkbox"/> TANF Client - Rent Assistance |
| <input type="checkbox"/> Outreach Services | <input type="checkbox"/> HEN Client - Rent Assistance |

Reasons for Appeal (Eligible appeals are for scoring recommendations *only*):

Authorized Signature of Applicant: The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding.

Signature of Authorized Representative: _____

Typed Name and Title:

Date
Signed: