

**Changing Homelessness, Inc.**  
**APPLICATION DUE TO ESNAPS by DATE 08/12/2016 BY 4PM**  
**ALL PAPER APPLICATIONS DUE to EMAIL (*rfp@changinghomelessness.org*-**  
**1 copy electronically) and Mail or Courier to CHI due same day**

**Continuum of Care APPLICATION – Renewal Projects**  
**FY 2016**

**Agency and Project Information**

<b>Name of Agency/Organization:</b>	
<b>Project Title :</b>	
<b>Agency Mailing Address:</b>	
<b>Contact person:</b>	
<b>Telephone:</b>	<b>Fax:</b>
<b>E-mail address:</b>	
<b>Approval of CEO or Executive Director:</b> <b>Name:</b> <b>Title:</b> <b>Signature:</b> _____ <b>Date:</b>	
<b>Type of activity and Project Narrative: (Please add additional page if needed)</b>	

<b>Amount of Funding Requested \$</b> _____

Please submit your Project into e-snaps and send all applications and fees by trackable (UPS/FedEx/USPS Certified/Courier) means to :

**Changing Homelessness, Inc.**

**660 Park Street**

**Jacksonville FL 32204**

Scan and email 1 electronic copy to [RFP@changinghomelessness.org](mailto:RFP@changinghomelessness.org)