Program Services Summary
Please provide the information below for the entire project (including sub-contractors etc.) regarding your planned program for the FY 2020 grant year. The amount in each program category should total to equal the requested Grant Award.

☐ Emergency Shelter (ES)
Grant Dollars Allocated $_____________
% of total Grant Amount _____________
Daily # beds available to program in FY2020 ___________
Projected total # to be served in FY 2020 ______________

☐ Outreach (OR)
Grant Dollars Allocated $_____________
% of total Grant Amount ______________
Projected total # to be served in FY 2020 as Brief Contacts ____________
Average daily # to be served as Brief Contacts ______________
Projected total # to be served in FY 2020 as Case Management __________
Average daily # to be served as Case Management __________
Maximum daily capacity for Case Management __________

☐ Transitional Living (TL)
Grant Dollars Allocated $_____________
% of total Grant Amount ___________
Daily # beds available to program in FY2020 ___________
Estimated total # to be served in FY 2020 ______________
Estimated Average daily # to be served ______________

☐ FY20 Program Totals
Grant Award Requested ___________
(From above) $ES + $OR + $TL = ______________
Maximum daily Program Capacity (ES beds + TL beds + OR Case Management Daily Capacity) ___________
Total Projected # Served (excluding OR/Brief Contact) ___________

FY 2020 Homeless Youth NOFO Application - Appendix 10
Program Services Summary