

FY 2022 Homeless Youth NOFO Application - Appendix 10
Program Services Summary

Program Services Summary

Please provide the information below for the entire project (including sub-contractors etc.) regarding your planned program for the FY 2022 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 FY2022 _____
Projected total # to be served in FY 2022 _____
- Outreach (OR)**
Grant Dollars Allocated \$ _____
% of total Grant Amount _____
Projected total # to be served in FY 2022 as Brief Contacts _____
Average daily # to be served as Brief Contacts _____
Projected total # to be served in FY 2022 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 FY2022 _____
Estimated total # to be served in FY 2022 _____
Estimated Average daily # to be served _____
- FY22 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) _____