

**COC FL-505**  
**UNSHELTERED CHALLENGE GRANT FUNDING**  
**SECTION 2: Program Details**

*Directions: All agencies requesting Unsheltered Challenge Grant funding must complete Sections 1 and 2 of the application. Please note that Sections 1 and 2 of the application are on separate forms.*

*If additional space is needed, the applicant may attach additional pages to each section. Additional pages should be clearly marked with the question that is being answered.*

Agency Name	
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	PLEASE SELECT	
	YES	NO
The agency is requesting Unsheltered Challenge funding.		

**UNSHELTERED CHALLENGE FUNDING** Please note: All applications must include a full program budget and narrative as described in the RFP.

Grant Component	Dollar Amount Requesting
Emergency and Transitional Shelters	
Mental Health and Substance Abuse Treatment	
Support for Non-Congregate Shelters	

**GEOGRAPHIC AREA TO BE SERVED**

Please indicate the county or geographic area to be served through Challenge funding, if services are provided in person or telephonically/virtually.	In person services		Telephonic or Virtual Services	
	Please Select		Please Select	
	YES	NO	YES	NO
Okaloosa County				
Walton County				

**PROGRAMMATIC QUESTIONS**

Describe the overall vision and implementation plan for the program you wish to develop with Unsheltered Challenge funds.

How will your proposal decrease unsheltered homelessness and serve priority populations describes in the RFP? Please indicate the total number of participants your proposal plans to serve.

What special populations are you dedicated to serving, how have you served them, and how do you plan to serve them using grant funds? Special populations include but are not limited to chronically homeless, disables individuals, victims of domestic violence/stalking, families with children, veterans, and youth aged 18-24.

What are your goals and objectives with the Unsheltered Challenge funding, and how will you measure your progress towards those goals? What new services do you plan to offer with this funding?