2025 Montgomery, Autauga, Elmore, Lowndes, and Bullock Counties (AL-504) Intent to Apply -Renewal

Organization Name:

Address of Administrative Office:

Tax ID or EIN:

Unique Entity Identifier (UEI):

Primary Contact Name:

Primary Contact Phone:

Primary Contact Email:

Secondary Contact Name:

Secondary Contact Phone:

Secondary Contact Email:

Do you wish to voluntarily reallocate any of your renewal project(s)?

RENEWAL PROJECT I

Is the project funded with CoC funding?

Renewal Project 1 Name:

Renewal Project 1- Grant Identifier (Grant Number):

Renewal Project 1 – Total Amount Requested:

Renewal Project 1 – Program Type:

Renewal Project 1 – Has your project completed it first full project year?

Renewal Project 1 – Has your project completed its first full Annual Performance Report?

Have there been or will there be any significant changes in the renewal project(s) since the last funding approval?

Renewal Project 1 – If there have been significant changes in renewal project(s) since last funding, enter in the chart below where the project changes have been or will be made.

Renewal Project 1 – Explain in detail any change(s) and why the change(s) are being made:

Do you have a second renewal project?

Submission

I hereby verify the accuracy and validity of this submission of CoC AL-504 with the intent of project application.