

Steering Committee Précis

Agency Name			
Agency Address			
Director's Name			
Project Name			
Phone Number			
# total clients for project/ # DCHD clients for project	All Clients: DCHD Clients:	Cost per Unit of Service	All Units: DCHD Units:
Number of Years <i>Agency</i> has been funded by DCHD		Number of years <i>Project</i> has been funded by CD to date	
Amount Requested:		Total Project Budget:	
Past Performance: To be completed by Community Development			
Awarded Amount:	Actual Expensed:	DCHD Clients Goal: Actual Clients:	DCHD Units Goal: Actual Units:

Project Description:

Outcome Statement:

Methods:

Attach: Income Summary, Expense Summary, Salaries, Benefits, Partners, Occupancy/Equipment and Supplemental budget pages from your proposal.