

**Connecticut Balance of State (CT-BOS)  
2018 Renewal Evaluation Project Information Form**

Please submit this document to [ctboscoc@gmail.com](mailto:ctboscoc@gmail.com) no later than 12/1/17.

*Please complete one form for each PROJECT*

<b>Agency Name:</b>
<b>Program Name:</b>
<b>Program Type:</b>
<b>APR Contact:</b>
<b>Name:</b>
<b>Email Address:</b>
<b>Phone Number:</b>
<b>Consumer Surveys Contact: (if different)</b>
<b>Name:</b>
<b>Email Address:</b>
<b>Phone Number:</b>
<b>Other Contact Regarding Renewal Process: (if any)</b>
<b>Name:</b>
<b>Email Address:</b>
<b>Phone Number:</b>
<b>Project Spending Information – <i>DMHAS projects should not complete the spending section</i></b>
<i>Please complete the questions below using information from the last completed HUD CoC grant operating year. If you have submitted an APR to HUD, please use the spending data from the APR. If your project completed the operating year but has not yet submitted an APR, in lieu of providing data from the APR from your previous operating year you may submit spending data from your LOCCS report instead. If you use a LOCCS report as your data source, please submit the report with this form. Please note that the most grants have grant numbers that would resemble either CT0xxxL1E05140x for CT-BOS grants and CT0xxxL1E02140x for Hartford grants.</i>
<b>Grant Number:</b>
<b>Grant Start Date:</b>
<b>Grant End Date:</b>
<b>Data Source - LOCCS or APR?:</b>
<b><u>Grant Amount Spent:</u></b>
<b>Leasing:</b>
<b>Supportive Services:</b>
<b>Rental Assistance:</b>
<b>Operating:</b>
<b>HMIS:</b>
<b>Total:</b>
<b>Environment Review</b>
<b>Date ER form signed:</b>
<b>Name, Title, and Agency Affiliation of Signator:</b>

*Please note the ER document must be signed by the local Responsible Entity (i.e. Community Development Official). Projects cannot sign their own ER forms.*