

Close Out Form | Shelter Operations Support - Pilot Program

Date:	
Agency Name:	
SOS Pilot Grant Number:	
Grant Award Amount:	

Program Information:

1. Total number of Households served using SOS funds: _____
2. Total number of Veteran Households served using SOS funds: _____
3. Total dollar amount of SOS Pilot funds utilized in FY2023: \$ _____

Grantee Feedback

4. Please provide a short narrative detailing your agencies' primary use of SOS Pilot Program funds.

5. Please provide your agencies' feedback on the SOS Pilot Program, including eligible uses of funds, processes, reporting, etc.