Close Out Form | Shelter Operations Support

Date:	
Agency Name:	
SOS 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 funds utilized in 2024: $ _____

Grantee Feedback

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

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

Effective Date: May 1, 2024