



Agency Name: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_  
 Submission Date: \_\_\_\_\_

**SAFHR-HSED Proposal for Funds**

The completed form should be sent in PDF format to ci.accounting@mhdc.com no later than January 4, 2023 by 5:00 p.m.

**Proposals by Month**

<b>January 2023 Total Proposal:</b>	\$ _____
Housing Stability Services (Legal & Case Management)	\$ _____
Administrative (10% cap):	\$ _____
<b>February 2023 Total Proposal:</b>	\$ _____
Housing Stability Services (Legal & Case Management)	\$ _____
Administrative (10% cap)	\$ _____
<b>Total Proposal For Funds</b>	<b>\$ _____</b>

**Proposal Narrative**

Please provide any additional information that may be beneficial for MHDC staff when making a determination (i.e. number of clients served, average expenditure etc.)

**FOR MHDC ADMINISTRATOR USE ONLY**

Determination (Approved/Not Approved)	_____
Approved Housing Stability Service (Jan+Feb):	\$ _____
Approved admin (Jan+Feb):	<u>Up to 10% of total expenditure</u>

**Administrator Notes**