# Renewal and Reallocation Questionnaire, Due May 1st

A completed, signed questionnaire must be received at the Sonoma County Department of Health Services, 1450 Neotomas Ave, Santa Rosa, CA. 95405 **no later than 5 :00 pm on May 1st, 2024**. Email scanned questionnaires to: [Karissa.White@sonoma-county.org](mailto:Karissa.White@sonoma-county.org) and [Araceli.Rivera@sonoma-county.org](mailto:Araceli.Rivera@sonoma-county.org)

Applicant Organization:

Contact Name: Phone: Email:

Intent to Apply for Renewal Funds:

We Intend to Apply for renewal of the following projects (please name separately):

Name of project: Award amount: $

Name of project: Award amount: $

Reallocation: Would you consider reducing all of part of funding for any project? No

Yes, all (specify amount: $ ) Yes, part (specify amount: $ )

Reductions in renewal requests can be reallocated to a new Permanent Housing project. If a renewal request is reduced, objectives and numbers served can also be reduced from previous contract levels. For information, consult the NOFO and/or call Karissa White, Continuum of Care Coordinator, at 565-4080 or [Karissa.White@sonoma-county.org](mailto:Karissa.White@sonoma-county.org)

If yes, please complete the following:

1. Current HUD contract number(s) of the grant(s) to be reduced:
2. Component of the grant to be reduced (leasing, housing operations, supportive services, etc.
3. Reason for reducing your request and the impact on level of service:
4. If applicable, please attach a proposed budget revision.

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Executive Director Name (please type or print) Executive Director Signature Date