ATTACHMENT G: ABSTRACT SUGGESTED TEMPLATE

Applicant may tailor this template as needed.

Applicant Name:
Project Category: HVRP _____ HFVVWF _____ IVTP _____
Service Delivery Area(s):
New or Previous HVRP Grantee (check the option that applies): New _____ Previous _____
***For previously funded applicants only* - **one** grant number for a completed HVRP, HFVVWF, or IVTP grant operated in the **last three program years** (July 1, 2017 – June 30, 2020)[1]: Grant Number: _____
HUD Continuum of Care (CoC) Name, ***if applicable***: HUD Continuum of Care (CoC) Associated Number, ***if applicable***:
Name of State Workforce Agency (SWA) or local American Job Center (AJC): SWA: AJC:
Qualified Opportunity Zone Identification, ***if applicable***:
Funding Request for Each Individual Year of the Grant (up to $500,000 each year): Year 1 Total: _____ Year 2 Total: _____ Year 3 Total: _____

[1] Only **one** grant number for a completed grant that aligns with the **category type** and proposed **service delivery area** (as geographically close as possible).