



**KEY to  
HOME**

**YOUTH HOMELESS DEMONSTRATION PROGRAM (YHDP)  
RENEWAL PROJECT APPLICATION**

**FY24-25  
Continuum  
of  
Care (CoC)**

**OKLAHOMA CITY CONTINUUM OF  
CARE (CoC OK-502)**

**Agency Information:**

Agency Name # UEI  
Mailing Address Phone  
City State Zip

**Person to contact about this application:**

Contact Name Title  
Email Phone

**Person authorized to enter into agreement for this project:**

Name Title

**Program Components:**

- Permanent Housing
- Transitional Housing - RRH
- Supportive Services Only
- HMIS
- PH - Rapid Rehousing

**Eligible Costs:**

- Leasing
- Rental Assistance
- Operations
- Supportive Services
- HMIS
- Administration

**Total Requested Amount**

Estimated number of persons to be served

Estimated number of households to be served

Oklahoma City Continuum of Care  
YHDP Renewal Project Application

1. Provide brief description of the project and services provided.