



# KEY to HOME

EXPANSION PROJECT APPLICATION

## **FY24 Continuum of Care (CoC)**

OKLAHOMA CITY CONTINUUM OF  
CARE (CoC OK-502)

**PLEASE SELECET THE TYPE OF EXPANSION PROJECT YOU ARE APPLYING FOR**

Is This a DV Project Expansion?	YES	NO
If "Yes", are you applying for available DV Reallocation funds?	YES	NO

**FY24 CoC Renewal Expansion Supplemental Application**

If you are a renewal applicant requesting an expansion to your existing project, this supplemental application must be submitted in addition to the renewal application.

Agency Name

Project Name

Brief narrative describing the need for expansion and detail of the proposed expansion: