# NOTICE of INTENT TO SUBMIT RTFH – CoC Competition 2017

## Section I. Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Applicant Organization Name |  | | Department |  | |
| Legal Status | Non-Profit 501 (c) 3  Unit of government | | | | |
| DUNS Number |  |  | | | |
| Executive Director Name |  | Application Point Of Contact | | |  |
| POC Contact Email |  | POC Phone # | | |  |

## Section II. Summary of Projects to be Submitted

Please list each project and the requested information in the table below.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Category**  (renewal, new, bonus) | **Project Name**  (if renewal MUST use the same name as listed on the GIW) | **Application Type**  (Permanent Supportive,  Rapid Rehousing  Transitional, Joint, DedicatedPlus,  HMIS, CES) | **Target Client Groups**  (families, individuals, youth (TAY),  mixed) | **Special Needs Groups**  (chronic, domestic violence, substance abuse,  veteran, youth, other (list) | **Number of Units**  (number of units to be provided at a single point in time) | **Number of Beds**  (Number of beds to be provided in the funded units) | **HUD Funds Request**  (amount of HUD funds requested) | **Match & Leverage**  (estimated amount of match to be provided by project) | **Subregion**  (Where will the housing be located:  Central  East  North Coast  North Inland  South) | **Intent to Reallocate**  (portion of funds, all funds; give estimated amount) |
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(hit “tab” in the last cell of the last column to add additional rows if needed)