# INTENT TO SUBMIT FORM – CoC Competition 2019

## Section I. Applicant Information

|  |  |  |
| --- | --- | --- |
| Applicant Organization Name  |  | Department : |
| Legal Status (check box) | [ ]  Non-Profit 501 (c) 3 [ ]  Unit of Government: |  |
| DUNS Number |  |  |
| Executive Director Name |  | NOFA Point Of Contact (POC):  |
| POC Phone Number  |  | POC Email |

## Section II. Summary of Projects to be Submitted

Please **list each project and the requested information** in the table below. Note: Cells expand as needed. Please use “wrap text”.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Category**(R=renew, **N=new,****DV=DV bonus;****B= CoC Bonus)** | **Project Name**(if renewal MUST use the same name as listed on the GIW) | **Application Type**(PSH) Permanent Supportive, (RRH) Rapid Rehousing J= Joint, TH+RRH (EX) Expansion; Transition, C= Consolidated, HMIS, CES) | **Target Client Groups**(families, individuals, youth (TAY), DV, Seniors,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 *at a single point in time)* | **HUD Funds Request**(amount of HUD funds requested) | **Match**(amount of match to be provided to project) | **Subregion** (Where will the housing be located: Central EastNorth CoastNorth InlandSouth) | **Intent to Reallocate**(portion of funds, all funds; give estimated amount) | **Intent to Consolidate**(Indicate if this grant will remain (R) after being merged with other projects) |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

***(hit “tab” in the last cell of the last column to add additional rows if needed)***

**CES Commitment**

As the authorized administrator for the organization listed above, I confirm that all homeless - dedicated projects funded under the CoC competitive process in our organization will participate in the Coordinated Entry System (CES), when it is made available and unless prohibited by regulation or law, by ensuring that:

🞏 100% of homeless-dedicated units are entered into the CES.

🞏 100% of homeless-dedicated units vacancies comply with CES referral and placement processes as identified in the Board-approved CES policies and procedures.

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Administrator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Print Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HMIS Commitment**

As the authorized administrator for the organization listed above, I confirm that homeless - dedicated projects funded under the CoC competitive process in our organization will participate in HMIS System in accordance with approved policies. HUD rules allow projects dedicated to serving domestic violence to participate in a separate by comparable data system that meets HMIS standards. Non-personally identifiable data must be provided from the alternate data system to the HMIS Lead for purposes of reporting.

🞏 These projects will participate in the central HMIS in accordance with approved policies and procedures.

🞏 This intent includes a project that qualifies as a dedicated domestic violence (DV) project, the DV project will participate in an alternate data system and report data to the central HMIS Lead agent as required.

**PROJECT Name if a dedicated DV project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Administrator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Print Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**