## **INTENT TO SUBMIT FORM - CoC Competition 2018**

**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	Project	Application	Target	Special	Number	Number	HUD	Match	Subregio	Intent to	Intent to
Category	Name	Туре	Client	Needs	of Units	of Beds	Funds		n	Reallocate	Consolidate
(R=renew, N=new, DV=DV bonus)	(if renewal MUST use the same name as listed on the GIW)	(PSH) Permanent Supportive, (RRH) Rapid Rehousing J= Joint, TH- PHRRH = Transition, C= Consolidated, HMIS, CES)	(families, individuals, youth (TAY), DV, Seniors, mixed)	(chronic, domestic violence, substance abuse, veteran, youth, other (list)	(number of units to be provided at a single point in time)	(Number of beds to be provided in the funded units at a single point in time)	Request  (amount of HUD funds requested )	(amount of match to be provided to project)	(Where will the housing be located: Central East North Coast North Inland South)	(portion of funds, all funds; give estimated amount)	(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:					
$\square$ 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:					