# NOTICE of INTENT TO SUBMIT RTFH – CoC Competition 2017

## Section I. Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Category**(renewal, new, bonus) | **Project Name**(if renewal MUST use the same name as listed on the GIW) | **Application Type**(Permanent Supportive, Rapid RehousingTransitional, 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 EastNorth CoastNorth InlandSouth) | **Intent to Reallocate**(portion of funds, all funds; give estimated amount) |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

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