# Description: RTFH_Banner.jpg

# 2017 CoC Review and Scoring

# Agency Commitment and Project Planning Form

***Please use this form to document your agency’s response to selected items in the 2017 CoC Review and Scoring Process. For clarity, please use a separate form for each project application.***

***Because your response to various sections may differ, please review each item, determine the agency commitment(s), complete and sign and date each section as appropriate.***

***When complete, this form should be uploaded to the “Documents Used for Multiple Projects” folder in the 2017 Agency Dropbox that has been established for you. Please use the Dropbox created for you, do not create your own Dropbox. Thank you.***

***A*GENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT CLASSIFICATION**: 🞏 New 🞏 Renewal

**PROJECT TYPE:** 🞏 Dedicated*Plus* (new in 2017)

🞏 HMIS

🞏 Joint TH - RRH Housing (new in 2017)

🞏 Permanent Supportive Housing

🞏 Rapid Rehousing

🞏 Safe Haven (renewal only)

🞏 Support Services (CES only)

🞏 Transitional Housing (renewal only)

🞏 Other: (list type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 that are created or vacated are filled though CES processes as identified in the Board-approved CES policies and procedures.

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

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

**Systems Standards Commitment**

As the authorized administrator for the organization listed above, I confirm that all homeless-dedicated projects, regardless of funding source, will adhere to the CoC Standards as approved by the RTFH Board in May 2017.

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

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

**Intent to Change Renewal Project [[1]](#footnote-1)**

**During the 2017 Application process, we intend to change the eligible renewal project identified above as follows:**

*Permanent Supportive Housing*

* Increase the number of units dedicated to chronically homeless persons
* Expand the existing project as allowed under the NOFA
* Amend to fit the *DedicatedPlus* project type

*Rapid Rehousing*

* Amend the RRH Project to include the broader array of eligible clients as identified in the 2017 NOFA.

*Transitional Housing*

* Move to Joint Housing project (TH + RRH)
* Use the NOFA option to support transition for persons served by an eliminated project

*Voluntary reallocation*

🞏 Reallocate some or all of the funds for the project

Amount to reallocate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other*

🞏 Describe type of changes planned (eg. change in location, change in number or units)

*Retain project as is*

* Apply to retain the eligible renewal project without changes.

**Agency Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

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

1. Intents are not binding until applications are received, however project scores will be adjusted as appropriate to reflect the application when submitted. [↑](#footnote-ref-1)