# 2021 CoC NOFA

# Project Planning and Commitment Form

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

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

**PROJECT CLASSIFICATION**: 🞏 Renewal 🞏 New – Including Expansion of a Renewal

**PROJECT TYPE:**

 🞏 HMIS

 🞏 Joint TH - RRH Housing

 🞏 Permanent Supportive Housing

 🞏 Rapid Rehousing

🞏 Safe Haven (renewal only)

🞏 Support Services (CES only)

 🞏 Transitional Housing (renewal only)

 🞏 NEW: Expansion of Existing Renewal Project ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**HUD allows *eligible most renewal projects to apply for a new project to expand their existing project.* Please check the appropriate boxes to indicate your plans for your eligible renewal projects. [[2]](#footnote-2).**

*Any Renewal Project Type*

* Retain: Apply to retain the eligible renewal project without changes.
* *Voluntary reallocation:* Reallocate some or all of the funds for the project.
	+ Amount to reallocate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Number of units or beds to be reduced \_\_\_\_\_\_\_\_\_

*Permanent Supportive Housing*

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

*Rapid Rehousing*

* Increase the number of households served if allowed under the NOFA

*Joint TH- RRH*

* Increase the number of households served if allowed under the NOFA
* Expand existing project as allowed under the NOFA

*HMIS*

* Expand or enhance HMIS capacity or services if allowed under the NOFA

*CES*

* Expand or enhance CES capacity or services if allowed under the NOFA

*Other*

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

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

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

**Systems Standards Commitment**

As the authorized administrator for the organization listed above, I confirm that the project will adhere to the CoC Standards as approved by the RTFH Board and subsequent amendments.

 **Authorized Administrator 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)
2. [↑](#footnote-ref-2)