# INTENT TO SUBMIT PROJECTS under “FY 2024 CoCBuilds NOFO”

All organizations intending to apply under the **FY 2024 CoCBuilds NOFO** need to **complete and sign this form and provide the documents identified in the Call Notice** issued by the Collaborative Applicant. NOTE: **Please do not alter the form** except to add the information requested. **The deadline to submit this form is August 30, 2024 by Noon.**

All Applicants are advised to review the [FY 2024 CoCBuilds NOFO](https://www.grants.gov/search-results-detail/355516) as released by HUD on July 22,2024. **The maximum award** for a single project is $7,500,000 not proposing PSH units on a tribal reservation or trust land. $9,500,000 for a single project proposing to build PSH units on a tribal reservation or trust land.

## Section I. Applicant Information

|  |  |  |
| --- | --- | --- |
| Applicant Organization Name: |  | Department: |
| Legal Status (check box): | Non-Profit 501 (c) 3 Unit of Government Tribal Entity |  |
| Unique Entity Identifier: |  | Former DUNS #: |
| Executive Director Name: |  | NOFO Point of Contact (POC): |
| Executive Email and Phone Number: |  | POC Email and Phone Number: |

## Section II. Summary of Projects to be Submitted

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Type**  **N=new Project** | **Funding Opportunity**  **FR-6800-N-25A= CoCBuilds** | **NEW Project Name**  List the name of the project as intended | **Project Type**  PSH = Permanent Supportive Housing | **Target Client Groups**  Families, individuals, youth (TAY), DV, Seniors,  Mixed | **Special Needs Groups**  CH= Chronic, DV=Domestic Violence,  SA=Substance abuse,  SMI= Severe mental Illness  V = Veteran, Y = Youth,  T= Tribal Members | **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**  Total Amount of HUD funds being requested.  **(NEW** projects can use an estimate.)  **Eligible costs under CoCBuilds NOFO:**  a. Acquisition (24 CFR 578.43);  b. Rehabilitation (24 CFR 578.45);  c. New Construction (24 CFR 578.47);  d. Project-based rental assistance (24 CFR 578.51(e));  e. Supportive Services (24 CFR 578.53);  f. Operating Costs (24 CFR 578.55); and  g. Project administrative costs (24 CFR 578.59). | **Match**  Amount of match to be provided to the project  (Must be at least a minimum of 25% of all funds, except leasing.)  Note: Leasing is not an eligible cost under this NOFO | **Subregion**  Where the housing is located:   * Central * East * N. Coastal * N. Inland * South |
| **N** | **“CoCBuilds”** |  | PSH |  |  |  |  |  |  |  |
| **N** | **“CoCBuilds”** |  | PSH |  |  |  |  |  |  |  |

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

**HOUSING FIRST Commitment**

As the Authorized Administrator for the organization listed above, I confirm that all homeless-dedicated projects funded under the CoC Builds NOFO process in our organization will operate under the principles of the Housing First approach.

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

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

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

**CES Commitment**

As the authorized administrator for the organization listed above, I confirm that all homeless-dedicated projects funded under the CoC Builds NOFO process in our organization will participate in the Coordinated Entry System (CES), as 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 unit 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 Builds NOFO 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 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** (If not a DV project, put N/A)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**STIPULATION**

As the Authorized Administrator, I understand that completion and acceptance of this form does not constitute an agreement to include the project in the **FY 2024 CoCBuilds Application** nor does it guarantee that the project(s) will be funded if submitted to HUD for consideration. HUD authorizes local CoCs to review, rate, rank, and determine funding reallocations for all project applications.

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

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

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