# INTENT TO SUBMIT PROJECTS under CoC Program COMPETITION FY 2022

All organizations intending to apply for one or more RENEWAL or NEW projects under the FY 2022 **CoC NOFO** need to **complete and sign this form and provide the documents identified in the Call for Intents and Proposal Notice** issued by the Collaborative Applicant. NOTE: **This form has changed** from prior years. **Please do not alter the form** except to add the information requested.

## Section I. Applicant Information

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

## Section II. Summary of Projects to be Submitted

Please **list each RENEWAL or NEW project** (including expansion of renewals) **and the requested information** in the table below. Note: Cells expand as needed. Please use “wrap text”.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Type**  **Ex= Expansion**  **N=new Project**  **R=renew**  **TR= Transition** | **Funding Category**  **G = CoC General**  **DV=DV bonus;**  **B= CoC Bonus)** | **Project Name**  **(if renewal MUST use the same name as listed on the GIW)** | **Project Type**  PSH = Permanent Supportive,  RRH= Rapid Rehousing  J= Joint, TH+RRH  C= Consolidated,  H= HMIS –RTFH  CE =CES –RTFH | **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, O= 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 *at a single point in time)* | **HUD Funds Request**  Amount of HUD funds being requested.  If renewal CANNOT Exceed GIW  **(NEW** projects can use an estimate) | **Match**  Amount of match to be provided to project | **Subregion**  Where the housing be located:  Central  East  N. Coast  N. Inland  South | **Intent to use Reallocation**  If **voluntarily reallocating funds,** identity the existing project and give amount to be reallocated) | **Intent to Consolidate**  (Indicate if this grant will remain (R) after being merged with other projects) |
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***(hit “tab” in the last cell of the last column to add additional rows if needed)***

**Voluntary Reallocation Notice**

As the authorized administrator for the organization listed, I acknowledge that voluntarily reallocation of all or part of the funds for an eligible renewal are placed in the competition as reallocated funds, available to any eligible project being submitted in the FY2022 CoC Competition.

**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 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 2022 nor does it guarantee that the project(s) will be funded if submitted to HUD for consideration.

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

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

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