# INTENT TO SUBMIT NEW PROJECTS under “Unsheltered NOFO” FY 2022- DUE SEPT 6TH

All organizations intending to apply for one or more **NEW** projects under the FY 2022 **UNSHELTERED 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. **Please do not alter the form** except to add the information requested. All documents requested are **due by Tuesday September 6, 2022.**

Reminder: The “Unsheltered NOFO” competition is **ONLY ACCEPTING NEW PROJECT PROPOSALS** that are eligible under the “Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness FR-6500-N-25S” NOFO. To learn more click [here](https://www.grants.gov/web/grants/search-grants.html?keywords=FY%202022%20Continuum%20of%20Care%20Competition). San Diego City and County CoC will apply only under the “Unsheltered Set Aside” funds.

## Section I. Applicant Information

|  |  |  |
| --- | --- | --- |
| 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”.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Type &**  **Funding Category**  **N= Unsheltered NOFO**  **NEW Project** | **Project Name**  **Name of**  **New Project** | **Project Type**   * PSH = Permanent Supportive Housing * RRH= Rapid Rehousing * J= Joint, TH+RRH * SSO- CES * SSO-Other * HMIS * CoC Unsheltered NOFO Planning | **Target Client Groups**  Families, Individuals, Severe Service Needs, Frequent Users of Emergency Services, 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**  **(NEW** projects will use an estimate) | **Match**  Amount of match to be provided to project | **% Of Healthcare and Housing Leverage Commitment** | **Subregion**  Where the housing be located:  Central  East  N. Coast  N. Inland  South |
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***(hit “tab” in the last cell of the last column to add additional rows if needed)***

**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:

***Note: Both check boxes must be checked***

🞏 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.

***Note: Check only one or more boxes based on new project HMIS/Comparable database requirements. Non-DV dedicated projects vs 100% DV dedicated projects.***

🞏 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 submitting at least one 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**