**2020 CoC INTENT TO APPLY FORM**

**NEW CoC Projects**

Intent to Apply Forms must be **emailed** to Amy Stewart

(astewart@end-homelessness.org)

**Forms Due By 4pm Monday, May 18, 2020**

Please complete one CoC Intent to Apply Form for each NEW CoC Project you would like to have included in the 2020 CoC Process, and return the form to Strategies to End Homelessness via email (address above). **Failure to submit this completed form by the deadline may make your project ineligible for consideration in the community prioritization process.**

Funding priorities may be established by the CoC Board, locally known as the Homeless Clearinghouse, and will be published once decided. All **new** projects are invited to apply under this process; however, certain eligibility criteria will be determined by the FY20 NOFA criteria (yet to be released by HUD). Agencies new to the CoC program completion are welcome to apply.

Completion of this form does not guarantee inclusion in the community prioritization process or 2020 CoC Application. Agencies proposing new projects must schedule a meeting with STEH to discuss your Intent to Apply. Additionally, in order to participate in the community process, all programs must meet the minimum federal threshold requirements (including match) as well as those established by the Continuum of Care Board (Homeless Clearinghouse). All programs must participate in HMIS and be able to generate HMIS data to complete an Annual Performance Report (APR). All programs must participate in Coordinated Entry.

Agency Name:

Agency Address:

# Intent to Apply

[ ]  YES, we intend to apply, in the 2020 CoC Process, for grant funds to go toward the following NEW project:

|  |
| --- |
| **NEW Project Information** |
| **Project Name:**       | **Total Budget Request:**  |
| **General project description, including target population:**       |
| **Component Type:** **Budget Line Items:** [ ]  Admin [ ]  Rental Assistance [ ]  Operating [ ]  Leasing [ ]  Supportive Services  | **Anticipated number of *individuals* served annually:**       | **Anticipated number of *households* served annually:**       |

**Point-of-contact for the CoC Intent to Apply process:**

Name:       E-mail:      Phone:

Additional staff that should be included in general Intent to Apply process communications:

Name:       E-mail:

# Name:       E-mail:

# Name:       E-mail:

Authorizing Signature/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Executive Director OR Chairperson of the Board of Directors Date