**2024 CoC RENEWAL INTENT FORM**

**OH-500 Cincinnati/Hamilton County CoC**

RENEWAL Intent Forms must be **emailed** to STEH @

NOFAS@end-homelessness.org

**Forms Due By 4:00 p.m. Monday, June 3, 2024**

Please complete one CoC Renewal Intent Form and a Housing First Questionnaire for each CoC Project eligible for renewal in the 2024 OH-500 Cincinnati/Hamilton County CoC Process and return to Strategies to End Homelessness (STEH) via email as listed above. **Failure to submit this completed form by the deadline will make your project ineligible for consideration in the community prioritization process and thus ineligible for renewal.**

Completion of this form does not guarantee inclusion in the Community Prioritization process or 2024 CoC Application. To participate, all projects must meet the minimum federal threshold requirements (including match) as well as those established by the Continuum of Care Board, the Homeless Clearinghouse. All projects must participate in HMIS and be able to generate HMIS data to complete an Annual Performance Report (APR). All projects must participate in Coordinated Entry. Additional eligibility criteria are yet to be determined pending publication of the 2024 CoC NOFA by HUD.

**Agency**:

**PIN**:

**Project Name**:

**Maximum Total Budget Request\*:**

# \*This is the maximum amount of your renewal award budget and is subject to change based on Expenditure Threshold Policy and Procedure for Renewal Grant.

# Renewal

[ ]  YESWe intend to apply for renewal of the grant identified above in the 2024 CoC process. We acknowledge and accept that CoC renewal funds will be received through STEH as the CoC’s Unified Funding Agency.

Renewal Type (select one)

 [ ]  Unmodified

 [ ]  Consolidated with the following project of the same component: PIN       (a separate renewal form must be submitted for both projects to be consolidated)

[ ]  We would like to discuss the following allowable modification (e.g. increase admin up to 10% of program lines):

[ ]  NO The organization is choosing not to apply for renewal funding and understands that this program will not be included in the 2024 CoC Application. No continued funding will be provided by HUD once the current contract expires.

# Match Commitment

Complete the information below to certify match for inclusion in the FY2024 CoC application. Please complete as many tables as needed to show all required match for the project. If the budget is reduced prior to inclusion in the CoC application, the amount of match reflected in the project application will be reduced accordingly. Formal match commitments and MOUs will be required before contracts will be awarded and STEH will provide detailed guidance on that process at the appropriate time.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Contributing Agency** | **Type** | **Source** | **Amount** |
| *Name of agency contributing the match funding* | [ ]  Cash[ ]  In Kind | [ ]  Government - **Source**:      [ ]  Private - **Source**:      [ ]  Program Income | $      |
| **CoC Eligible Activities:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Contributing Agency** | **Type** | **Source** | **Amount** |
| *Name of agency contributing the match funding* | [ ]  Cash[ ]  In Kind | [ ]  Government - **Source**:      [ ]  Private - **Source**:      [ ]  Program Income | $      |
| **CoC Eligible Activities:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Contributing Agency** | **Type** | **Source** | **Amount** |
| *Name of agency contributing the match funding* | [ ]  Cash[ ]  In Kind | [ ]  Government - **Source**:      [ ]  Private - **Source**:      [ ]  Program Income | $      |
| **CoC Eligible Activities:**  |

**Total match commitment: $**

[ ]  I certify that the match reported above has been committed for the FY2024 CoC project and all information is true and accurate to the best of my knowledge. I understand that a formal match commitment and MOU (for in-kind service match) will be required before contracts will be awarded.

**Indirect Costs**

[ ]  YESThe organization intends to allocated funds according to an indirect cost rate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cognizant Agency (enter n/a if using de minimis rate)** | **Indirect Cost Rate** | **Direct Cost Base** | **Plan approved by cognizant agency or will use 10% de minimis rate[[1]](#footnote-2)** |
|       |      % | $      |       |

[ ]  NOThe organization does not intend to allocate funds according to an indirect cost rate.

**Point-of-contact for the CoC renewal process:**

Name:       E-mail:      Phone:

# Additional staff that should be included in general renewal process communications:

# Name:       E-mail:

# Name:       E-mail:

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

 Date

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. §§ 1001, 1010, 1012, 31 U.S.C. §§ 3729, 3802).**

1. 10% de minimis is subject to change. [↑](#footnote-ref-2)