**Intent To Submit New Projects 2022 HUD CoC Program Supplemental NOFO to Address Unsheltered Homelessness**

**General Information-**

**Agency Name:**

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**Project Name (New or Expansion):**

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**Primary Contact for This Intent to Submit:**

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**Primary Contact Email Address:**

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**Primary Contact Phone Number:**

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**Primary Partners or Sub-Recipients:**

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**New Projects-**

**Type of New Project (select all that apply)**: RRH [ ]  PSH [ ]  HMIS [ ]  SSO-Street Outreach [ ]

Joint Transitional/RRH [ ]  Stand-Alone SSO [ ]

**Does the applicant currently operate any homeless dedicated projects?** Yes [ ]  NO [ ]

**Will the project target a specific sub-population**: Yes [ ]  NO [ ]

**If Yes, please identify the sub-population**:

**If the project is PSH, will the project serve only chronically homeless households?**

YES [ ]  NO [ ]

**Will the project have sub-recipients?** YES [ ]  NO [ ]

**If YES, please identify the sub-recipient:**

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**Does the Recipient (or sub-recipient) Have Any Unresolved Findings from HUD or NHAP?**

 YES [ ]  NO [ ]

**Are the Recipient and Any Subrecipients in good standing with state and federal funding sources?**

YES [ ]  NO [ ]

**Will the project be consistent with the approved MACCH standard for *Low Barrier and Housing First* Standard?** (<http://www.endhomelessnesstoday.org/Low_Barrier_and_Housing_First_Standard.pdf>)

YES [ ]  NO [ ]

**Will participants be screened-out of HUD CoC projects due to any of the following?**

[ ] Too little or no income

 [ ]  Active or history of substance abuse

 [ ]  Criminal record with exceptions of state or local mandated restrictions

 [ ]  History of domestic violence (e.g. lack of a protective order, period of separation from abuser or law enforcement involvement

[ ]  None of the above

**Will HUD CoC project participants be terminated based upon any of the following?**

[ ] Failure to participate in supportive services

 [ ]  Failure to make progress on a service plan

 [ ]  Loss of income or failure to improve income

 [ ]  Being a victim of domestic violence

 [ ]  Other activity not covered in a typical lease agreement

 [ ]  None of the above

**Will the project enter data into the MACCH-approved HMIS System (or comparable database if a Victim Service Provider)?**

YES [ ]  NO [ ]

**Will the applying agency participate in MACCH meetings and work groups?**

YES [ ]  NO [ ]

**Depending on the amount of funding for new or expansion projects, is this project scalable if less funding is available than the amount requested?** YES [ ]  NO [ ]

**If NO, please explain:**

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**Please briefly describe the proposed new project, specifically: Total amount of requested award, a brief budget outline for Leasing/Rental Assistance, Support Services, Operations, HMIS and Administration, support services, connections to mainstream resources and housing stability planning. \*\*Please note, awards granted under the Supplemental NOFO will have an initial 3-year grant term\*\***

**\*For Permanent Housing Projects ONLY\*: The CoC may prioritize projects that are able to leverage housing and/or healthcare points as outlined in the NOFO. Please briefly explain your plan for leveraging housing and/or healthcare resources as outlined in the NOFO:**

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