**MACCH- Intent To Submit 2018 HUD CoC NOFA Application**

**General Information-**

**Agency Name:**

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

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**Project Type**: [ ]  Renewal [ ]  Reallocation of Existing Project [ ]  New Project (Expansion or Bonus)

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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**Renewal projects-**

**Type of Renewal Project**: RRH [ ]  PSH [ ]  TH [ ]  HMIS [ ]  Operations/Support Services [ ]

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

**If Yes, please identify the sub-population**: Veterans [ ]  Domestic Violence (DV) [ ]  Youth (18-24) [ ]

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

YES [ ]  NO [ ]

**Does the 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 [ ]

**Is the project 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 [ ]

**Does the project participate in the HMIS system designated by the Continuum of Care (or if a DV project, a comparable data base)?**

YES [ ]  NO [ ]

**Does the project receive 100% of its referrals from the MACCH Coordinated Entry System (CES)?**

YES [ ]  NO [ ]

**If no, please explain why not:**

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**If the project is requesting a reallocation of an existing grant?**

YES [ ]  NO [ ]

**If the project is requesting a reallocation please describe: changes to the existing grant** **and reasons for the change. Grantee also must complete the Reallocation Section Below.**

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**Reallocations-**

**Current Project Type-** RRH [ ]  PSH [ ]  HMIS [ ]  TH [ ]  Operations/Support Services [ ]

 Dedicated Plus [ ]  Joint Transitional/RRH [ ]

**Project Type Reallocated To-** RRH [ ]  PSH [ ]  HMIS [ ]  Dedicated Plus [ ]  Joint Transitional/RRH [ ]

**Current Budget Amounts- Proposed Reallocation Amount-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rental Assistance |   |  | Rental Assistance |   |
| Leasing |   |  | Leasing |   |
| Support Services |   |  | Support Services |   |
| Operations |   |  | Operations |   |
| HMIS |   |  | HMIS |   |
| Administration |   |  | Administration |   |

**Current Number of Units- Proposed Number of Units**-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit Size** | **# of Units** | **FMR** | **Total Cost** |  | **Unit Size** | **# of Units** | **FMR** | **Total Cost** |
| **0 BR** |  |  **$ 606.00**  |  **$ -**  |  | **0 BR** |  |  **$ 606.00**  |  **$ -**  |
| **1 BR** |  |  **$ 744.00**  |  **$ -**  |  | **1 BR** |  |  **$ 744.00**  |  **$ -**  |
| **2 BR** |  |  **$ 927.00**  |  **$ -**  |  | **2 BR** |  |  **$ 927.00**  |  **$ -**  |
| **3 BR** |  |  **$ 1,248.00**  |  **$ -**  |  | **3 BR** |  |  **$ 1,248.00**  |  **$ -**  |
| **4 BR**  |  |  **$ 1,377.00**  |  **$ -**  |  | **4 BR**  |  |  **$ 1,377.00**  |  **$ -**  |
| **Total Cost** |  |  |  **$ -**  |  | **Total Cost** |  |  |  **$ -**  |

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

**If Yes, please identify the sub-population**: Veterans [ ]  Domestic Violence (DV) [ ]  Youth (18-24) [ ]

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

YES [ ]  NO [ ]

**Does the 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 the project participate in the HMIS system designated by the Continuum of Care (or if a DV project, a comparable data base)?**

YES [ ]  NO [ ]

**Will the project receive 100% of its referrals from the MACCH Coordinated Entry System (CES)?**

YES [ ]  NO [ ]

**If no, please explain why not:**

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|  |

**New Projects-**

**Type of New Project**: RRH [ ]  PSH [ ]  HMIS [ ]  Dedicated Plus [ ]  Joint Transitional/RRH [ ]

**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**: Veterans [ ]  Domestic Violence (DV) [ ]  Youth (18-24) [ ]

**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

**Housing Type-** check all that apply

 **Rental Subsidy Type-** Tenant Based Rental Assistance [ ]  Sponsor-Based RA [ ]  Project-Based RA [ ]

 **Leasing** [Recipient/subrecipient leases building or units] YES [ ]  NO [ ]

 **Project-Based/Operations** [Recipient/subrecipient owns building] YES [ ]  NO [ ]

 **Scattered site housing** [ ]

 **Site based housing** [ ]

**Does the applicant intend to apply for:**

 **Supportive services, *more than 25% of project budget?***  YES [ ]  NO [ ]

 **Administration Costs, *more than 7% of project budget?*** YES [ ]  NO [ ]

**Will the project enter data into the MACCH approved HMIS System (if a DV project, will data be entered into a comparable data base)?**

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.**

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