2019 Continuum of Care Intent to Apply & Threshold Assessment

Any new project wishing to apply for the Continuum of Care funding in the 2019 FY HUD CoC competition must completed the following information and submit to the CoC by the deadline. Your project will not be eligible to apply in the FY19 competition if you do not submit this form by the deadline. Please complete the proposed project overview and review each of the following ranking categories, marking those questions that apply to your project. **Deadline to submit this Intent to apply for new applicants is July 22, 2019**

Name of Agency	Name of Project	
Primary Contact	Contact Email	
DUNS #	SAM#	
Agency is applying for 2019 NOFA	funds	
Project Description: 1. Type of funding requested: New: What type of new project?	BONUS DV Bonus	☐ Reallocation
2. The project component is: The project component is:		
Permanent Housing Transitional Housing Rapid Rehousing TH-RRH	☐ Supportive Services Or ☐ HMIS ☐ Support Services Only	•
3. Target Population: Singles #	Families #	Youth #
4. Proposed Start Date: , 202		
4. Troposeu Start Date, <u>202</u>		

Coordinated Assessment & Referral
 The applicant does NOT agree to participate in the CoC. The applicant agrees to participant in Coordinated Assessment & Referral.
CoC Participation The applicant agrees to regularly attend CoC meetings and participate on a committee. The applicant agency agrees to provide project level data to the CoC by: a) Participating in the annual point-in-time sheltered and unsheltered count; b) Submitting program reports to the CoC in a timely manner; c) Participating in an annual CoC Planning, Gaps Analysis and Needs Assessment; d) Submitting required LSA, HIC, PIT, and GIW reports in a timely manner; and e) Giving the Local System Administrator administrative access to your all programs reported in the HIC or providing necessary waiver request to CoC and submitting required data in a timely manner.
HMIS Applicant does NOT currently utilize HMIS and does not intend to if funded. Applicant does NOT currently utilize HMIS, but agrees to utilize if funded. Applicant does currently utilize HMIS and assures compliance with: Unique user name and password Secure location for equipment Locking Screen Savers Virus protection with auto update Individual or network firewalls Restrictions on access to HMIS via public forums Compliance with HMIS policy and procedures manual Validation of off-site storage of HMIS data
 Services: Please check ALL that apply to your program: □ Applicant assures that program will have policies that ensure all children are enrolled in school and connected to appropriate services within the community □ Applicant assures that case managers will systematically assist clients in completing applications for mainstream benefits. □ Applicants assure that staff will systematically follow-up to ensure mainstream benefits are received. □ Applicant assures that transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or job. □ Homeless assistance providers use a single application form for four or more mainstream programs. □ Applicant agrees that all participants will come from the streets, emergency shelter, transitional housing (entering as homeless), institution, or place not meant for human habitation.
Chronic Homeless Preference (New and Renewal PSH Projects ONLY!) Applicant agrees to give preference to Chronic Homeless when filling vacant units. Applicant does NOT agree to give preference to Chronic Homeless when filling vacant units.
Homeless Preference (PSH and RRH Projects ONLY!) Applicant agrees to give preference to Chronic Homeless when filling vacant units. Applicant does NOT agree to give preference to Chronic Homeless when filling vacant units. Page 2 of 3

Applicant has low barriers to program entry.			
Applicant has several barriers to program entry.	ry; e.x. sobriety, criminal background, etc.		
Applicant uses a housing first model.			
Applicant does not use a housing first model.			
Project Quality Thresholds: (NEW PH Applic	<u> </u>		
Please check ALL of the following thresholds that			
☐ Type, scale and location fit needs of parti			
	rvices fits needs and transportation for participants (1 point)		
	Participants are given individual and specific assistance to obtain mainstream benefits (1pointt)		
	Participants helped to obtain and remain in PH (1 point)		
☐ Participants are assisted to both increase i services (1 point)	income and live independently using mainstream housing and		
	Il come from street or other locations not meant for human ns, or transitional housing (if originally from the streets or		
☐ Services and housing is accessible to ame	enities (grocery, pharmacies, etc.) (1 point)		
☐ Program/activities will be administered in	n most integrated setting appropriate for persons with		
disabilities. Persons with disabilities inter	ract with person w/out disabilities. (1 point);		
	aplete timely and accurate drawdowns, performance reports. (1		
	ject applicants. Commitment letters must be dated within		
	otember 30, 2019. Commitment letters must be submitted		
with each project application.			
<u>WARNING</u> : HUD will prosecute false claims ar penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C.	nd statements. Conviction may result in criminal and/or civil 3. 3729, 3802).		
nt Name of Agency Approved Signatory:	Signature of Agency Approved Signatory		
	Dete		
le	Date		