**2019 CoC INTENT TO APPLY FORM**

**NEW CoC Projects**

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

(astewart@end-homelessness.org)

**By 4pm Friday June 21, 2019**

Please complete one CoC Intent to Apply Form for each NEW CoC Project you would like to have included in the 2019 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 defined as eligible by the FY19 NOFA (to be released) are invited to apply under this process.

Completion of this form does not guarantee inclusion in the community prioritization process or 2019 CoC Application. Agencies proposing new projects must schedule a meeting with STEH to discuss your Intent to Apply. Additionally, all programs must meet the minimum threshold requirements (including match) established by the Continuum of Care Board (Homeless Clearinghouse) in order to participate in the community process. All programs must participate in HMIS or the approved data exchange and be able to generate HMIS data to complete an Annual Performance Report (APR).

Agency Name:

Agency Address:

# Intent to Apply

[ ]  YES, we intend to apply, at the 2019 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