**2020 CoC RENEWAL INTENT FORM**

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

(astewart@end-homelessness.org)

**Forms Due By 4 p.m. Monday May 4, 2020**

Please complete one CoC Renewal Intent Form for each CoC Project eligible for renewal in the 2020 CoC Process and return to Strategies to End Homelessness 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 2020 CoC Application. In order to participate in the process, all projects must meet the minimum federal threshold requirements (including match) as well as those established by the Continuum of Care Board, locally known as the Homeless Clearinghouse. All programs 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 2020 CoC NOFA by HUD.

**STEH will be sending a partially completed copy of this form to all projects eligible for renewal in the FY20 competition, with budgets total and PINS filled in. Upon your receipt, please complete the remainder of the form and return it via email by the date listed above.**

Agency:

PIN (See above) \_\_\_\_\_\_\_\_\_

Project Name:

Total Budget Request

# Renewal

YESWe intend to apply for renewal of the grant identified above in the 2020 CoC process.

NO The organization is choosing not to apply for renewal funding and understands that this program will not be included in the 2020 CoC Application. Also, no continued funding will be provided by HUD once the current contract expires.

**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:

# Name:       E-mail:

# Name:       E-mail:

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

Executive Director OR Chairperson of the Board of Directors Date