**2021 CoC INTENT TO APPLY for NEW PROJECT FORM**

**OH-500 Cincinnati/Hamilton County CoC**

**NEW Projects Only**

Intent to Apply Forms must be **emailed** to STEH @

NOFAS@end-homelessness.org

**Forms Due By 4:00 pm Tuesday, May 18, 2021**

Please complete one CoC Intent to Apply Form for each NEW CoC Project you would like to have included in the 2021 OH-500 Cincinnati/Hamilton County 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 and thus ineligible for inclusion in the CoC HUD application.**

Funding priorities may be established by the CoC Board, locally known as the Homeless Clearinghouse, and will be published once decided. All **new** projects are invited to apply under this process; however, certain eligibility criteria will be determined by the FY21 NOFA criteria (yet to be released by HUD). Agencies new to the CoC program are welcome to apply.

Completion of this form does not guarantee inclusion in the community prioritization process or 2021 CoC Application. Agencies proposing new projects must schedule a meeting with STEH to discuss your Intent to Apply. Additionally, in order to participate and be included in the community process, all projects must meet the minimum federal threshold requirements (including match) as well as those established by the Continuum of Care Board (Homeless Clearinghouse). All projects 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.

Agency Name:

Agency Address:

Intent to Apply

[ ]  YES, we intend to apply, in the 2021 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:**       |

[ ]  YESWe acknowledge and accept that CoC award funds will be received through STEH as the CoC’s Unified Funding Agency.

**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