**2023 CoC RENEWAL INTENT FORM**

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

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

NOFAS@end-homelessness.org

**Forms Due By 4:00 p.m. Wednesday, May 10, 2023**

Please complete one CoC Renewal Intent Form for each CoC Project eligible for renewal in the 2023 OH-500 Cincinnati/Hamilton County CoC Process and return to Strategies to End Homelessness (STEH) 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 2023 CoC Application. In order to participate and be included 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 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. Additional eligibility criteria are yet to be determined pending publication of the 2023 CoC NOFA by HUD.

**Agency**:

**PIN**:

**Project Name**:

**Maximum Total Budget Request:**

# \*This is the maximum amount of your renewal award budget and is subject to change based on FY21 pace of spending.

# Renewal

[ ]  YESWe intend to apply for renewal of the grant identified above in the 2023 CoC process. We acknowledge and accept that CoC renewal funds will be received through STEH as the CoC’s Unified Funding Agency.

[ ]  NO The organization is choosing not to apply for renewal funding and understands that this program will not be included in the 2023 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:

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

 Executive Director OR Chairperson of the Board of Directors Date