**HUD**

**INTENT TO APPLY**

**2016 FOR NEW REALLOCATED AND/OR RENEWAL FUNDING**

**(This is to be completed for each project seeking funding and is due to the CoC Coordinator on**

**July 14, 2016 @ 5:00 p.m. at United Way of Saginaw County; 100 S. Jefferson Avenue; Saginaw, MI. ALL INFORMATION REQUESTED IS TO BE PROVIDED. LATE OR INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED ELIGIBLE FOR FUNDING.**

**FUNDING SOURCE:** ( ) HUD **PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY INFORMATION:**

AGENCY NAME:

PROGRAM LOCATION:

CONTACT PERSON NAME:

CONTACT PERSON EMAIL:

CONTACT PERSON PHONE AND/OR CELL PHONE:

ARE YOU A MEMBER OF SC-CHAP IN GOOD STANDING (You have participated in a minimum of 75% of CoC Meetings) ( ) YES ( ) NO

**APPLICANT AND SPONSOR STATUS:**

( ) AGENCY IS APPLICANT AND SPONSOR

( ) AGENCY IS SPONSOR (indicate the applicant :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**PROGRAM FUNDING INFORMATION:**

( ) RENEWAL – 1 year renewal amount total (includes administration):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) NEW REALLOCATED– indicate total request amount (includes administration):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICES INFORMATION:**

* Give a brief description of the service(s) to be provided:

**How many people per year will benefit if your project is funded?**

* What population is to be served:
* Number of homeless individuals:
* Number of homeless families:
* Estimated total homeless served (include all adults and children):
* Indicate beds or slots that are designated for chronic homeless:

**OTHER INFORMATION REQUIRED FOR SUBMISSION (indicate if this is attached and if not why not):**

**PLEASE NOTE: If you are submitting requests for multiple projects only ONE copy of the information below is required to be submitted.**

( Y/N ) Indicate if the agency is currently prohibited from applying for HUD or MSHDA funding. If yes, provide documentation.

( ) Agency current audit (if required by law or funding sources) or current financial statement if the audit is not required.
( ) Current Form 990 (if applicable).

( ) Evidence of 501c3 status.
( ) HUD monitoring reports, corrective action plans, and responses to corrective action plans of the program

 seeking funding during the most recent grant period (renewals only).

( ) Recaptured Funds ( ) Yes ( ) No: Provide proof of proper spend down of funds. **SUBMIT THE PROJECT BUDGET SHOWING SPEND DOWN FROM PREVIOUS YEAR** **(eLOCCS report).**

( ) Last 3 governing board meeting minutes and list of Board of Directors and contact information **(NEW HUD Funding Requests ONLY)**

( ) MOST RECENT APR available for this project (Within the Last 12 Months)

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 Signature of the CEO or Executive Director Date