**HUD**

**INTENT TO APPLY**

**2017 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**

**August 7, 2017 by 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.**

**PROGRAM NAME:**

**AGENCY INFORMATION:**

AGENCY NAME:

PROGRAM LOCATION:

CONTACT PERSON NAME:

CONTACT PERSON EMAIL:

**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):

**PROGRAM COMPONENT:**

1. PH – Permanent Supportive Housing Amount Requested: $

2. TH – Transitional Housing Amount Requested: $

3. SSO Amount Requested: $

4. RRH Amount Requested: $

5. New Program Type: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $

6. Match Amount: $
 a. Source of Match

**Total Amount of HUD Funding Requested** $****

(Do not include Match in this Total)

**Total Project Cost** $****

(Include Match in this Total)

**PROJECT INFORMATION (Responses cannot exceed 500 characters):**

**DESCRIPTION OF PROJECT:**

**SERVICES PROVIDED :**

**PURPOSE OF PROJECT:**

**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) or the most recent draw for the 2016 award.**

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

( ) MOST RECENT APR submitted for this project

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 Signature of the CEO or Executive Director Date

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SC-CHAP USE ONLY:

IS THIS APPLICANT A MEMBER OF SC-CHAP IN GOOD STANDING? ( ) YES ( ) NO