

HUD

INTENT TO APPLY

2024 FOR NEW, REALLOCATED, AND/OR RENEWAL FUNDING

(This is to be completed for each project seeking funding and is due to the CoC Coordinator no later than **August 21, 2024 by 5:00 p.m.** Email completed form to: eriley@unitedwaysaginaw.org

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:

IS THE AGENCY CURRENTLY PROHIBITED FROM APPLYING FOR HUD FUNDING?

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)
() NEW BONUS or DV DOLLAR project

PROGRAM COMPONENT:

- | | | | |
|----|--|----------------------|----------------------|
| 1. | PH-PSH – Permanent Supportive Housing | Amount Requested: \$ | <input type="text"/> |
| 2. | TH – Transitional Housing | Amount Requested: \$ | <input type="text"/> |
| 3. | SSO | Amount Requested: \$ | <input type="text"/> |
| 4. | RRH | Amount Requested: \$ | <input type="text"/> |
| 5. | New Program Type: _____ | Amount Requested: \$ | <input type="text"/> |
| | a. PH-PSH meeting the requirements of Dedicated PLUS | | |
| | b. PH-RRH | | |
| | c. Joint TH/PH-RRH | | |
| | d. SSO-Coordinated Entry Only (DV) | | |

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 :

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.

- () 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 2021/2022 award.**
- () MOST RECENT APR submitted for this project from SAGE or for DV a comparable data base.

Signature of the CEO or Executive Director

Date

NOTE: It is the expectation of the CoC that each applicant submitting an application for funding reads and reviews carefully the program types that can be submitted using BONUS dollars or projects for NEW/REALLOCATION as outlined in the NOFA. Projects failing to adhere to those parameters will not be accepted.

SC-CHAP USE ONLY:

IS THIS APPLICANT A MEMBER OF SCCHAP IN GOOD STANDING? () YES () NO