



**HUD Collaborative Application
Intent to Apply
2026 for New, Reallocated, Transitional and/or Renewal Funding**

This is to be completed for **each project** seeking funding and is due to the CoC Coordinator no later than June 25, 2026, by 5:00 p.m. Email completed form to: eriley@unitedwaysaginaw.org

All information requested must be provided. Late or incomplete submission will not be considered eligible for funding.

Program Name:
Agency Name:
Contact Person & email:

Is the Agency currently prohibited from applying for HUD funds? Yes _____ No _____

APPLICANT AND SPONSOR STATUS:

_____ Agency is Applicant and Sponsor
_____ Agency is Sponsor (indicate the applicant) :

PROGRAM FUNDING INFORMATION:

_____ Renewal – 1 year renewal
_____ New Project
_____ New Reallocated
_____ NEW CoC Bonus or DV Bonus project
_____ Transition Project

PROGRAM COMPONENT:

1. PSH
2. RRH
3. CoC Bonus/New Project type:
 - a. SSO
 - b. TH
 - c. PSH
 - d. RRH
5. DV Renewal (previously funded through DV Bonus)

6. New DV Bonus/DV Reallocation

If project is reallocation:

Original project type: _____

Reallocated project type: _____

7. Match Amount: \$ _____

Source of Match:

Total Amount of HUD Funding Requested \$ _____

(Do not include Match in this Total)

Total Project Cost \$ _____

(Include Match in this Total)

8. **PROJECT INFORMATION** (Responses cannot exceed 500 characters. Please use a blank page if needed):

Description of Project:

Please provide a detailed description of Supportive Services opportunities your project will provide to participants:

How many will be served?

• Number of individuals experiencing homelessness:
• Number of families experiencing homelessness:
• Estimated total served (include all adults and children):
• What population is to be served:
• Indicate how many units are designated for those who meet the definition of chronically homeless:

9. In the past three (3) years has your agency:

- a. Had any independent financial audits reflecting significant deficiencies Yes _____ No _____
- b. Lost a HUD homeless service contract due to performance Yes _____ No _____
- c. Had to return money spent to HUD Yes _____ No _____
- d. Received notification from HUD that your agency is not getting up and running within contract's normal homeless program parameters (slow starter criteria) Yes _____ No _____

10. HUD Priorities

- Does your organization certify that it will not engage in racial preferences or other forms of illegal discrimination? Yes _____ No _____
- Does your organization certify that it will not conduct activities under the pretext of "harm reduction"? *Please confirm that your organization will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under its control, nor permit the use or distribution of illicit drugs on property under its control.* Yes _____ No _____
- Does your organization certify that it will not conduct activities that rely on or otherwise use a definition of sex other than as binary in humans? Yes _____ No _____
- Will your organization cooperate with law enforcement agencies to advance public safety for the entire community impacted by homelessness? Yes _____ No _____
- If applicable to your project, will your organization prioritize treatment and recovery services to assist people in recovering and regaining self-sufficiency, including behavioral health, wraparound supportive services and participation requirements? Yes _____ No _____
- Will your organization minimize the trauma of homelessness by providing trauma-informed care and ensuring participant safety, especially (if applicable) for youth and survivors of domestic violence, dating violence, sexual assault and stalking? Yes _____ No _____
- Will your organization supplement its project with resources from other public or private sources that may include health, social, and employment programs such as Medicare, Medicaid, SSI and SNAP? Yes _____ No _____
- Will your nonprofit organization voluntarily, thoroughly, and demonstrably facilitate immigration status verification before distribution of benefits to all HUD program recipients using SAVE directly or in coordination with a governmental entity. Yes _____ No _____

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

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).

____ Provide proof of proper spend down of funds. Please submit the final eLOCCS report from your most recently completed grant year.

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/TRANSITION as outlined in the NOFO. 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