New Project Notification of Interest/Intent to Apply for HUD Continuum of Care Funds

This form is designed to collect updated contact information from agencies and organizations that intend to seek funds in the federal HUD Continuum of Care (CoC) program funding round as part of River Valleys CoC (MN 502 - Rochester/Southeast).

This form will remain open until the CoC is able to set a deadline that complies with HUD's anticipated timelines for the HUD CoC National Competition. The deadline will be posted on the CoC's Local Competition webpage at https://www.rivervalleyscoc.org/local-competition-for-projects.html.

The form requests information in four parts:
* Applicant agency/organization
* Project contacts
* Anticipated request
* Project concept

Your responses will be used in planning for HUD CoC funding applications and to arrange for technical assistance. If you were not previously on the River Valleys CoC email listserv, you will be added to ensure that you receive notifications about the funding round and ongoing CoC planning.

For information on the River Valleys CoC, visit www.rivervalleyscoc.org. If you have further questions, please contact the CoC Coordinator Jennifer Prins at jennifer.prins@rivervalleyscoc.org.

* Indicates required question

1. Email *

2. Name of person completing this form *

3. Attestation *

   Check all that apply.

   ☐ I am authorized to submit new project interest/information on behalf of the applicant for the project described on the following pages.

   ☐ I attest that information provided is correct to the best of my knowledge.

   ☐ I understand that applicant contacts, including myself, will be added to the CoC email list to ensure receipt of Local Competition notices for applicants.

   ☐ I understand that Notice of Interest/Intent to Apply is the first step in the CoC Local Competition. Receipt of this notice does not imply commitment to select this project on the part of the CoC.

Applicant Agency/Organization

4. Applicant agency/organization name *

_____

5. Name of Executive Director or other authorized signatory for agency/organization *

_____

6. Applicant agency/organization type *

Mark only one oval.

◯ Nonprofit organization

◯ Local or state government

◯ Local public housing authority

◯ Tribal government

◯ Tribally designated housing entity

◯ Other: _____

7. Is the applicant also one of the following? Check all that apply. *

Check all that apply.

☐ Victim Service Provider

☐ Youth-serving Provider (nonprofit whose primary mission is serving youth age 24 and under and families headed by youth age 24 and under)

☐ Healthcare Provider

☐ Culturally-specific Service Provider

☐ None of the above

8. Will the applicant agency/organization have subgrantees for this project? *

Mark only one oval.

◯ Yes

◯ No

◯ Other: _____

Primary application contact

This person is the primary writer of the project application and has (or will create) an account in *e-snaps*, the online HUD application system for Continuum of Care projects. This person will also be the contact for the CoC Local Competition and set up for submitting documents in the shared Google Drive folder for the project.

9. Name *

_____

10. Agency/organization of contact person *

Why we ask? Sometimes the contact person is not with the primary applicant agency. That's okay. We just need to know. We also suggest that if the primary contact is not with the applicant agency that you include a backup or additional contact person from the agency below.

_____

11. Email *

_____

Other application contacts (optional)

12. **ADDITIONAL** contacts for the application, if any

This is optional. Contacts listed here will be included automatically on communications about the application process and this project specifically. Provide both NAME and EMAIL ADDRESS for each person.

_____

_____

_____

_____

_____

13. **ALTERNATE/BACKUP** contacts for the application, if any

This is optional. Contacts listed here will be contacted only if the primary contact cannot be reached. Provide both NAME and EMAIL ADDRESS for each person.

_____

_____

_____

_____

_____

Proposed Project Type

14. HUD CoC Program project type anticipated *

Mark only one oval.

◯ Permanent Supportive Housing

◯ Rapid Rehousing

◯ Joint Component Transitional Housing + Rapid Rehousing

◯ Support Services Only - Coordinated Entry

◯ HMIS (HMIS Lead agency only)

◯ CoC Planning (Collaborative applicant only)

15. County or counties where the proposed project will be located *

View map of River Valleys CoC region at https://www.rivervalleyscoc.org/what-is-coc.html. If your project covers the entire CoC region, please select "All CoC counties".

Check all that apply.

☐ All CoC counties
☐ Blue Earth
☐ Brown
☐ Dodge
☐ Faribault
☐ Fillmore
☐ Freeborn
☐ Goodhue
☐ Houston
☐ LeSueur
☐ Martin
☐ Mower
☐ Nicollet
☐ Olmsted
☐ Rice
☐ Sibley
☐ Steele
☐ Wabasha
☐ Waseca
☐ Watonwan
☐ Winona

16. Is this project related to another CoC-funded project? *

Note: "No" applies to all projects that aren't proposed as CHANGES to existing HUD CoC program grants, even if the agency has other HUD CoC grants for other purposes.

Mark only one oval.

( ) NO. The new project request would be a new stand-alone request. There are no current HUD CoC program grants associated with this project.   *Skip to question 17*

( ) YES - EXPANSION. This new project request would increase capacity of a current HUD CoC program grant.
Skip to question 27

( ) YES - TRANSITION. This new project request would proposed to change the project type of a current HUD CoC program grant to another type.   *Skip to question 35*

Project Concept: NEW STAND-ALONE PROJECT

17. Project Name *

_____

18. <u>Brief</u> description of the project (500 character limit) *

_____
_____
_____
_____
_____

19. Does this program/project currently exist? *

Mark only one oval.

( ) No. HUD CoC Program funds would start a brand new program for our agency.

( ) Yes. The program is currently operating/serving people with funding from another source.

20. Target population of project *

Example: Adult households with children. For HMIS projects: Write "N/A"

_____
_____
_____
_____
_____

21. Estimated number of households AND persons to be served at one time (capacity) *

Example for a project serving households with children: 5 households/12 people. For HMIS projects: Write "N/A".

_____

22. Estimated total HUD CoC Program request for a ONE-year grant period *

_____

23. Proposed uses of HUD CoC Program funds *

Check all that apply.

☐ Rental assistance to participants
☐ Agency leasing of a building or individual units for participants
☐ New construction, acquisition, or rehabilitation of a building
☐ Operations of a building
☐ Supportive services
☐ HMIS or alternative database costs
☐ Administrative expenses (10% limit)
☐ (NEW) VAWA eligible expenses
☐ (NEW) Rural eligible expenses, in allowed geographies

24. Which type of new project funds would you accept for this project? *

Check all that apply.

Mark only one oval.

◯ DV Bonus funds (DV includes fleeing domestic violence, dating violence, sexual assault, stalking, or trafficking)

◯ CoC Bonus or RVCoC local pool (reallocated) funds

◯ Either one the project is eligible for

◯ Not sure

25. Likely source(s) of matching funds for request *

Match must equal at least 25% of HUD CoC Program grant request. E.g. HUD CoC grant request $50,000 requires match of $12,500 in cash or eligible in-kind services. Match funds may come from any source except HUD CoC, HUD ESG, HUD YHDP, or other closely related HUD homeless program sources.

_____

_____

_____

_____

_____

26. OPTIONAL: What else should we know about your project now?

_____

_____

_____

_____

_____

Project concept: EXPANSION

27. Project Name *

_____

28. Grant PIN of project seeking expansion *

The Grant PIN is the first six characters of the associated HUD CoC grant number, e.g. MN0841.

_____

29. Eligible purpose of this expansion *

Mark only one oval.

◯ Increase units, beds, or persons served

◯ Add services for existing program participants

◯ Add activities to HMIS or SSO-Coordinated Entry project

30. Estimated ANNUAL amount of expansion request *

By how much are you proposing that the current project budget increase?

_____

31. Budget line items proposed to increase with this expansion *

    Check all that apply.

    ☐ Rental assistance to participants
    ☐ Agency leasing of a building or individual units for participants
    ☐ New construction, acquisition, or rehabilitation of a building
    ☐ Operations of a building
    ☐ Supportive services
    ☐ HMIS or alternative database costs
    ☐ Administrative expenses (10% limit)
    ☐ (NEW) VAWA eligible expenses
    ☐ (NEW) Rural eligible expenses, in allowed geographies

32. Which type of new project funds would you accept for this project expansion? *
    Check all that apply.

    Mark only one oval.

    ◯ DV Bonus funds (DV includes fleeing domestic violence, dating violence, sexual assault, stalking, or trafficking)

    ◯ CoC Bonus or RVCoC local pool (reallocated) funds

    ◯ Either one the project is eligible for

    ◯ Not sure

33. Likely source(s) of matching funds for expansion request *

    Match must equal at least 25% of HUD CoC Program grant request. E.g. HUD CoC grant request $50,000 requires match of $12,500 in cash or eligible in-kind services. Match funds may come from any source except HUD CoC, HUD ESG, HUD YHDP, or other closely related HUD homeless program sources.

    _____

    _____

    _____

    _____

    _____

34. OPTIONAL: What else should we know about your project now?

    _____

    _____

    _____

    _____

    _____

Project concept: TRANSITION

35. Grant Name and PIN of project seeking transition *

The Grant PIN is the first six characters of the associated HUD CoC grant number, e.g. MN0841.

_____

36. New transition project name *

_____

37. Purpose of transition *

_____
_____
_____
_____
_____

38. How does transition connect with CoC priorities for this funding round? *

_____
_____
_____
_____
_____

39. Budget line items proposed to change with this transition *

Check all that apply.

	Increase	Decrease	No change
Rental assistance for participants	☐	☐	☐
Agency leasing of building or units	☐	☐	☐
Operations of a building	☐	☐	☐
Supportive services	☐	☐	☐
HMIS or alternative database	☐	☐	☐
Administration	☐	☐	☐
(NEW) VAWA eligible expenses	☐	☐	☐
(NEW) Rural eligible expenses, in allowed geographies	☐	☐	☐

40. OPTIONAL: What else should we know about your project now?

_____

_____

_____

_____

_____

Readiness and Technical Assistance Needs

All questions in this section are OPTIONAL. They help us understand your experience with the HUD CoC Program Competition and requirements of HUD CoC funding so we can support you in the application process.

Federal grant status

All entities that receive HUD CoC program grant funds are considered to be doing business with the federal government. As such, they must have a free Unique Entity ID and maintain active registration in the System for Awards Management (SAM.gov).

If you aren't sure whether your agency/organization has a Unique Entity ID, you can visit www.gsa.gov/entityid for information on your status and start the process to obtain a Unique Entity ID.

41. If your agency/organization already has a Unique Entity ID, please enter it.

_____

42. If the organization/agency is registered in SAM.gov, what is the expiration date of the current registration?

_____

Example: January 7, 2019

43. What experience does the applicant have with federal grants?

Note: Sometimes staff bring experience from another agency to this process on behalf of the applicant agency. This experience can be noted in the column for "Current/proposed program staff" even if your organization does not have experience.

Check all that apply.

	Applicant agency	Partner agencies	Current/proposed program staff
No current or previous federal funding received.	☐	☐	☐
Received/ing HUD CoC program funds in River Valleys CoC	☐	☐	☐
Received/ing HUD CoC program funds in another CoC region	☐	☐	☐
Received other direct federal grant funds	☐	☐	☐

44. What is the applicant's status related to HMIS (Homeless Management Information System) participation?

Check all that apply.

☐ The applicant or relevant project partner has licensed HMIS users on staff and commits to using HMIS for this project.

☐ The applicant or relevant project partner is not currently using HMIS but is committed to doing so for the proposed project.

☐ The applicant is a victim service provider and uses (or plans to use) an alternate comparable database to HMIS.

☐ I need help understanding this requirement.

45. Will the project meet the Coordinated Entry participation requirement?

Check all that apply.

☐ The applicant and all relevant project partners agree to work with local/regional Coordinated Entry Systems for housing assessments and referrals, as required by the River Valleys CoC and by HUD.

☐ Not Applicable. This is an HMIS or Coordinated Entry project

☐ I need help understanding this requirement.

46. First-year terms may be up to 18 months to accommodate start-up. Do you believe the project will need a first- year term longer than 12 months?

Mark only one oval.

◯ Yes

◯ No

◯ Not sure

Other

47. OPTIONAL: What questions can we help you answer about the CoC Competition or HUD CoC Program funding?

_____

_____

_____

_____

_____

48. OPTIONAL: Anything else we should know about your readiness or technical support needs during the application process?

_____

_____

_____

_____

_____