



CoC 2025 NOFO Intent to Apply Form

Please complete one CoC Intent to Apply Form for each RENEWAL, TRANSITIONING, AND NEW CoC Project you would like to have included in the 2025 CoC Process and return the form to TCHC via email. **Failure to submit this completed form by the deadline may make your project ineligible for consideration in the community prioritization process.**

Completion of this form does not guarantee inclusion in the community prioritization process or 2025 CoC Application. Additionally, all programs must meet the minimum federal and local threshold requirements (including match). All programs must participate in HMIS and be able to generate HMIS data to complete an Annual Performance Report (APR). All programs must participate in Coordinated Entry.

Please complete a form for each application your agency intends to submit for the 2025 CoC NOFO.

Agency Name: _____

Agency Address: _____

Intent to Apply

YES, we intend to apply in the 2024 CoC Process for grant funds to go toward the following **RENEWAL/ TRANSITION/ NEW** project:

| Project Information | | |
|---|---|--|
| Project Name: | Budget Projections: | |
| SAM Registration # | UEI: | |
| Brief Project Description | | |
| Component Type: Select budget line item & estimate budget amount: <input type="checkbox"/> Admin <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Leasing <input type="checkbox"/> Supportive Services <input type="checkbox"/> HMIS | Anticipated number of individuals served annually: | Anticipated number of households served annually: |

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1. Is your agency an active member of the CoC: **Yes / No**
2. Does your agency have a minimum of six (6) months' experience participating in CES and/or HMIS? **Yes No**
3. Will you agree to require clients to participate in supportive services? **Yes No**
4. Point of contact for the CoC Intent to Apply process:

Name: _____

E-mail: _____

Phone: _____

By submitting this information, I attest that the information provided is accurate and that I understand that additional information must be provided for the CoC to conduct a threshold review.

Authorizing Signature/Title: _____
Executive Director OR Chairperson of the Board of Directors _____
Date

Intent to Apply Forms must be **emailed** to the TCHC Secretary
By December 15, 2025
(tchc.coc.secretary@gmail.com)