



## NEW CoC Projects/ Intent to Apply Form

Please complete one CoC Intent to Apply Form for each NEW CoC Project you would like to have included in the 2024 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.**

Funding priorities may be established by the CoC Board and will be published once decided. All **new** projects are invited to apply under this process; however, certain eligibility criteria will be determined by the FY24 NOFO criteria (yet to be released by HUD). Agencies new to the CoC program competition are welcome to apply.

Completion of this form does not guarantee inclusion in the community prioritization process or 2024 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.

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 NEW project:

NEW Project Information		
<b>Project Name:</b>	<b>Total Budget Request:</b>	
<b>SAM Registration #</b>	<b>UEI:</b>	
<b>General project description, including target population:</b>		
<b>Component Type:</b> <b>Budget Line Items:</b> <input type="checkbox"/> Admin <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Leasing <input type="checkbox"/> Supportive Services	<b>Anticipated number of individuals served annually:</b>	<b>Anticipated number of households served annually:</b>

1. Is your agency an active member of the CoC:
2. Does your agency have a minimum of six (6) months experience participating in CES and/or HMIS?
3. Does your agency currently refer agencies serve clients CES? If so, what is your agencies referral rate? \_\_\_\_\_
4. Has your agency adopted and implemented a Housing First Approach as defined by HUD? Yes/ No
5. If you participate in HMIS, what is your current data quality percentage?  
\_\_\_\_\_
6. 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

(tchc.coc.secretary@gmail.com)

**Forms Due By 4pm Monday, July , 2024**