



**INTENT TO SUBMIT PROJECTS under CoC Program COMPETITION FY 2023**

All organizations intending to apply for one or more **RENEWAL** or **NEW** projects under the FY 2023 **CoC NOFO** need to **complete and sign this form and provide the documents identified in the Call for Intents and Proposal Notice** issued by the Collaborative Applicant.

**Section I. Applicant Information**

Applicant Organization Name		Department:	
Legal Status (check box)	<input type="checkbox"/> Non-Profit 501 (c) 3 <input type="checkbox"/> Unit of Government		
<b>Unique Entity Identifier</b>		Former DUNS #:	
Executive Director Name		NOFO Point of Contact:	
Point of Contact Phone Number		Point of Contact Email	

**Section II. Summary of Projects to be Submitted**

Please list each RENEWAL or NEW project (including expansion of renewals) and the requested information in the table below.

Application Type	Funding Category	Project Name	Project Type	Target Client Groups	Special Needs Groups	Number of Units	Number of Beds	HUD Funds Request	Match	Intent to use Reallocation	Intent to Consolidate
<p>Ex= Expansion N=new Project R=renew TR= Transition</p>	<p>G = CoC General  DV=DV bonus;  B= CoC Bonus)</p>	<p>(if renewal <b><u>MUST</u></b> use the same name as listed on the GIW)</p>	<p>PSH = Permanent Supportive, RRH= Rapid Rehousing J= Joint, TH+RRH C= Consolidated,  H= HMIS – RTFH CE =CES – RTFH</p>	<p>Families, individuals, youth (TAY), DV, Seniors, Mixed</p>	<p>CH= Chronic, DV=Domestic Violence, SA=Substance abuse, SMI= Severe mental illness V = Veteran, Y = Youth, O= Other (list)</p>	<p>Number of units to be provided <u>at a single point in time.</u></p>	<p>Number of beds to be provided in the funded units <u>at a single point in time)</u></p>	<p>Amount of HUD funds being requested.  If renewal CANNOT Exceed GIW  <b>(NEW projects can use an estimate)</b></p>	<p>Amount of match to be provided to project</p>	<p>If <b>voluntarily reallocating funds,</b> identify the existing project and give amount to be reallocated)</p>	<p>(Indicate if this grant will remain (R) after being merged with other projects)</p>

**Section III. Intent for Non-Renewal of Project**

In the following section, list all projects funded through the Toledo Lucas County CoC that your agency administers (as the formal Applicant) and you will **NOT** be submitting a Renewal Application to request funds to continue operations. Please note that once Renewal project applications are reviewed and scored by the review team, Renewal projects that were not scored cannot be added back into the project list. In addition, once a renewal project loses funding, that project cannot come back into future competition as a new project. If renewing all currently funded projects, LEAVE BLANK.

<b>Name of project:</b> <input type="text"/>	<b>Renewing Grant #:</b> <input type="text"/>
<b>Name of project:</b> <input type="text"/>	<b>Renewing Grant #:</b> <input type="text"/>
<b>Name of project:</b> <input type="text"/>	<b>Renewing Grant #:</b> <input type="text"/>
If more than one project is listed, are these projects under the same recipient (formal Applicant)? <b>Yes No</b>	
Does your agency propose to let the listed project(s) expire without submitting a Renewal Application in the 2023 Continuum of Care Competition through the Toledo Lucas County CoC? <b>Yes No</b> If Yes, please explain. <input type="text"/>	
For projects not coming in for renewal, will your agency be working to assist clients that are being served in the project(s) transition to permanent housing? <b>Yes No</b> <input type="text"/>	
Does your agency understand that once Renewal project applications are reviewed and scored by the review team, Renewal projects that were not scored cannot be added back into the project list? And does your agency understand that once a renewal project loses funding, that project cannot come back into future competition as a new project? <b>Yes No</b> <input type="text"/>	

**Section IV. Notice of Intent to Consolidate Eligible Renewal Projects**

In the following section, list all Toledo Lucas County CoC funded projects administered by your agency that you are proposing to consolidate (up to ten allowed). Applicants proposing multiple groups of consolidations should enter additional tables as needed.

Name of project: <input type="text"/>	Renewing Grant #: <input type="text"/>
Name of project: <input type="text"/>	Renewing Grant #: <input type="text"/>
Name of project: <input type="text"/>	Renewing Grant #: <input type="text"/>
Name of project: <input type="text"/>	Renewing Grant #: <input type="text"/>
Are these projects under the same recipient and of the same component type as the grant(s) proposed in the consolidation (required)? Yes No	
Does your agency understand that applicant must submit separate renewal projects for each of the grants that are proposed to be consolidated? Project applications for the grants that are proposed to be consolidated will be ranked (individually), and if all those grants are selected, HUD will award the single consolidated grant. See Sections I.B.3.e and III.B.4.b.(8) of the FY 2023 NOFO for additional requirements. Yes No	

**Section V. Notice of Intent of Renewal Permanent Supportive Housing (PSH) project proposing to change classification of the project to DedicatedPlus\***

In the following section, list all OH-501 CoC funded Permanent Supportive Housing (PSH) renewal projects in which your agency administers that you are proposing to change the classification to 100% DedicatedPLUS\* (serving households with children is required). Add additional charts for projects as needed.

Name of project: <input type="text"/>	Renewing Grant #: <input type="text"/>
Is this project a permanent supportive housing (PSH) project that serves individuals, households with children, <u>and</u> unaccompanied youth (required)? Yes No	Is this project a PSH project where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness? Yes No
Does your agency propose to change the classification of current project type from Permanent Supportive Housing (PSH) <b>where 100% of the beds will be dedicated to serve individuals and households with children as defined in Section I.B.2.b.(7) of the 2023 HUD NOFO?</b> Yes No If Yes, please explain. <input type="text"/>	

Name of project: <input type="text"/>	Renewing Grant #: <input type="text"/>
---------------------------------------	--

Is this project a permanent supportive housing (PSH) project that serves individuals, households with children, and unaccompanied youth (required)?  
**Yes No**

Is this project a PSH project where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness?  
**Yes No**

Does your agency propose to change the classification of current project type from Permanent Supportive Housing (PSH) **where 100% of the beds will be dedicated to serve individuals and households with children as defined in Section I.B.2.b.(7) of the 2023 HUD NOFO?**  
**Yes No**  
If Yes, please explain.

**Voluntary Reallocation Notice**

As the authorized administrator for the organization listed, I acknowledge that voluntarily reallocation of all or part of the funds for an eligible renewal are placed in the competition as reallocated funds, available to any eligible project being submitted in the FY2023 CoC Competition.

**Agency Name:** \_\_\_\_\_

**Authorized Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_

**STIPULATION**

As the Authorized Administrator, I understand that completion and acceptance of this form does not constitute an agreement to include the project in the FY 2023 nor does it guarantee that the project(s) will be funded if submitted to HUD for consideration.

**Agency Name:** \_\_\_\_\_

**Authorized Administrator Signature:** *Jennifer Jacobs* \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_