Northeast Minnesota 2024 HUD Continuum of Care NOFO

(Carlton, Cook, Lake, Itasca, Koochiching, and Lake Counties)

**Renewal Project**

**Intent to Apply Form**

All agencies with eligible CoC renewal projects in the Northeast Minnesota Continuum of Care (NE CoC) must complete the Intent to Apply form and submit by 11:59pm on **April 30, 2024**. Renewal applicants may either complete this form and submit a PDF copy via email to Cara Oakland, NE CoC Co-Coordinator ([clundquist@live.com](mailto:clundquist@live.com)) OR submit an [online form](https://forms.office.com/r/kkTjV6k4YG).

NE CoC grantees must submit the Intent to Apply form no later than the identified deadline to be eligible to submit a full project application in the local CoC program competition.   
  
The NE CoC Ranking & Review Committee will request additional project application materials for eligible projects. Materials and application instructions will be posted on the [NE CoC website](http://www.neminnesotacontinuumofcare.org/hud-coc-nofo.html). All applicants will receive notice of availability of these documents via email.

# Applicant Information

|  |  |  |
| --- | --- | --- |
| **Name of Agency** |  | |
| **Name of Project** |  | |
| **Primary Contact Name** |  | |
| **Primary Contact Email** |  | |
| **Additional staff that should be included in general renewal process communications** | Name: | Email: |
| Name: | Email: |

# Intent to Apply:

Our agency intends to apply for funding in the 2024 HUD CoC Competition. *(Please complete the remaining questions, sign and return to Cara Oakland @* [*clundquist@live.com*](mailto:clundquist@live.com)*.)*

Our agency will NOT apply for funding in the 2024 HUD CoC Competition. *(Please skip to agency signature and return to Cara Oakland @* [*clundquist@live.com*](mailto:clundquist@live.com) *.)*

# Project Threshold:

Information in this form will be used to help identify if your project meets threshold requirements as determined by HUD and the NE CoC. Please check ALL of the following thresholds that apply to your program/agency:

|  |  |
| --- | --- |
|  | Applicant is eligible to apply for funds as identified in the CoC NOFO (nonprofit organization, state, local  government, Indian Tribe, TDHE). |
|  | Applicant has capacity to participate in HMIS (or other comparable database for DV Providers) as required by HUD. |
|  | Applicant participates in the NE CoC Coordinated Entry System including completing assessments and receiving referrals to your CoC-funded program (*N/A for CES & HMIS projects*) |
|  | Applicant agrees to have at least one representative regularly attend CoC Governing Board meetings and participate in a CoC Committee. |
|  | A representative from the applicant agency attended at least 50% of CoC Governing Board meetings from July 1, 2023 – May 30, 2024 (*CoC Coordinator will verify attendance in meeting minutes)*. |
|  | Applicant will provide at least 25% match for everything but leasing as required by HUD. |
|  | Admin costs do not exceed limits set by HUD. |
|  | Applicant assures that CoC program staff will complete mandatory annual training including Fair Housing/Equal Access, Mainstream Benefits 101, and Safety & Best Practices for DV Survivors. (*N/A for CES & HMIS projects*) |
|  | Project APR for the most recently completed grant year was submitted in Sage. |

**If you did not check any of the boxes above, please provide a brief explanation:**

|  |
| --- |
|  |

# Reallocation:

1. Will you be voluntarily reallocating funds from your CoC-funded project(s) in the FY24 NOFO?

Yes

No

1. If yes, indicate proposed amount below with a brief explanation for why you would like to reallocate (2-5 sentences).

|  |
| --- |
|  |

# Signature

By signing this form, you are agreeing that you are an authorized representative of the applicant organization and that you have verified and attest to the content of this Intent to Apply Form as submitted.

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Name and Title of Agency Representative:** |  |
| **Signature:** |  |
| **Date:** |  |