**FY2022 CoC Notice of Funding Opportunity &**

**2022 Special NOFO on Rural & Unsheltered Homelessness**

**St. Louis County Continuum of Care**

**Letter of Intent to Apply & Threshold Assessment**

**All new projects for FY2022 must submit their Letter of Intent by 5pm on August 15th, 2022 and project applicants for the & Special NOFO funds must submit their LOI(s) by 5pm on August 22nd, 2022.**Your project will not be eligible to apply in the FY2022 competition if you do not submit this form by the deadline. Please complete the proposed project overview and review each of the following ranking categories, marking those questions that apply to your project. Please submit the completed form and requested attachments to St. Louis County Homeless Program Unit at (CoCHomelessPrograms@StLouisCountyMN.gov). Thank you.

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Name of Agency Name of Project

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Contact Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS # SAM #

**Project Description:**

1. Type of funding requested:

[ ] New:

1. The project component is: [ ]  PSH [ ]  PSH Chronic [ ]  RRH [ ]  HMIS [ ]  TH [ ]  CE
2. Target Population: [ ]  Singles #\_\_\_\_ [ ]  Families #\_\_\_\_\_ [ ]  Youth #\_\_\_\_
3. Proposed Start Date: Proposed End Date:
4. Amount of funding requested: $

Brief Project Description:

**Coordinated Assessment & Referral**

# [ ]  The applicant does NOT agree to participate in the Coordinated Entry System.

# [ ]  The applicant agrees to participate in the Coordinated Entry System.

**CoC Participation**

[ ]  The applicant agrees to participate in CoC meetings.

[ ]  The applicant agency agrees to provide project level data to the CoC by:

1. Participating in the annual point-in-time sheltered and unsheltered count;
2. Submitting program reports to the CoC by requested deadlines;
3. Participating in an annual CoC Planning, Gaps Analysis and Needs Assessment;
4. Submitting required LSA, HIC, and GIW reports in a timely manner; and
5. Giving the Local System Administrator administrative access to your all programs reported in the HIC or providing necessary waiver request to CoC and submitting required data in a timely manner.

**HMIS**

[ ]  Applicant does NOT currently utilize HMIS and does not intend to, if funded.

[ ]  Applicant does NOT currently utilize HMIS, but agrees to utilize, if funded.

# [ ]  Applicant does currently utilize HMIS and assures compliance with:

 [ ]  Unique username and password

 [ ]  Secure location for equipment

 [ ]  Locking Screen Savers

 [ ]  Virus protection with auto update

 [ ]  Individual or network firewalls

 [ ]  Restrictions on access to HMIS via public forums

 [ ]  Compliance with HMIS policy and procedures manual

 [ ]  Validation of off-site storage of HMIS data

**Services**

Please check ALL that apply to your program:

* Applicant assures that program will have policies that ensure all children are enrolled in school and connected to appropriate services within the community.
* Applicant assures that case managers will systematically assist clients in completing applications for mainstream benefits.
* Applicants assure that staff will systematically follow-up to ensure mainstream benefits are received.
* Applicant assures that transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or job.
* Homeless assistance providers use a single application form for four or more mainstream programs.
* Applicant agrees that all participants will come from the streets, emergency shelter, transitional housing (entering as homeless), institution, or place not meant for human habitation.

# Chronic Homeless Preference (New PSH Projects Only)

# [ ]  Applicant agrees to dedicate beds to Chronic Homeless.

[ ]  Applicant agrees to give preference to Chronic Homeless when filling vacant units.

[ ]  **Applicant agrees to use Housing first when providing housing.**

**Project Quality Threshold: (NEW HMIS applicants Onl**y)

Please check ALL of the following thresholds that apply to your program/agency:

[ ]  Evidence that HMIS will effectively be integrated into current CoC HMIS.

[ ]  HMIS project implementation is described in application.

[ ]  At least 75% of beds in HIC are included in CoC HMIS.

[ ]  HMIS applicant collects all Universal Data Elements.

[ ]  HMIS applicant unduplicated client records.

[ ]  HMIS applicant produced all HUD-required reports.

**Project Quality Thresholds: (NEW PH Applicants only)**

Please check ALL of the following thresholds that apply to your program/agency:

[ ]  Type, scale and location fit needs of participants.

[ ]  Type, scale and location of supportive services fits needs and transportation for participants.

[ ]  Participants are given individual and specific assistance to obtain mainstream benefits.

[ ]  Participants helped to obtain and remain in PH.

[ ]  Participants are assisted to both increase income and live independently using mainstream housing and services.

[ ]  At least 75% of proposed participants will come from the street or other locations not meant for human habitation, emergency shelters, safe havens, or transitional housing (if originally from the streets or emergency shelters).

[ ]  Services and housing is accessible to amenities (grocery, pharmacies, etc.).

[ ]  Program/activities will be administered in most integrated setting appropriate for persons with disabilities. Persons with disabilities interact with person w/out disabilities.

[ ]  Applicant has the history/capacity to complete timely and accurate HUD fiscal drawdowns, performance reports.

[ ] Applicant will provide a 25% minimum cash or in kind match for all funds awarded (excluding the funds under the leasing budget line item).

***WARNING***: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

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| Print Name Organizational Representative: | Signature of Organizational Representative: |
| Title: | Date: |