**FY2022 Continuum of Care**

**Intent to Apply & Threshold Assessment**

**Renewal projects currently** funded HUD NOFA recipientsmust submit their Letter of Intent to Apply by 4:30 p.m. Friday, July 15thh, 2021. Your project will not be eligible to apply in the FY2021 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:

 Are you interested in reducing your renewal grant for reallocation? [ ]  Yes [ ]  No

 If yes, by what amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How does this project meet a need in the community or close a gap:

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: $

**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 (Renewal 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.**

# Annual Progress Report:

HUD requires that applicants submit an Annual Progress Report (APR)

[ ]  Applicant did NOT submit an APR for the most recent grant year.

[ ]  Applicant submitted an APR for the most recent grant year.

**Other HUD Requirements:**

[ ]  Applicant meets ALL other HUD Requirements

[ ]  Applicant does NOT meet ALL other HUD Requirements

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

* Are there any outstanding HUD monitoring findings still unresolved? [ ]  Yes [ ]  No If yes, explain:
* Did you have any unspent funds for most recent HUD CoC grant year? If so, how much & why?

***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 of Organizational Representative: | Signature of Organizational Representative: |
| Title: | Date: |