



OZARKS ALLIANCE TO *End* HOMELESSNESS ,
HUD CoC RENEWAL PROJECTS
FY 2025 INTENT TO SUBMIT

For the FY 2025 HUD CoC Notice of Funding Opportunity (NOFO), the Springfield/Greene, Christian, and Webster Counties Continuum of Care (DBA Ozarks Alliance to End Homelessness – OAEH) is seeking project applications. The OAEH requests an Intent to Submit from agencies who plan to apply for funds for ANY CoC Project, including New projects through CoC Bonus funds, DV Bonus funds, or reallocation and/or Renewal projects. The information provided here will be used during the project ranking. The City of Springfield serves as Lead Agency and Collaborative Applicant for the OAEH, and as such reserves the right to adjust the Priority Listing. Please direct questions to [Bob Atchley](#) .

*Agencies who wish to renew a CoC project must submit the following Intent to Submit to the CoC Lead Agency, the City of Springfield, by 12:00 p.m. (NOON) on Monday, September 29th, 2025. The Intent to Submit may be delivered in person to 840 N. Boonville, 2nd Floor Planning Department, ATTN: Bob Atchley or emailed to batchley@springfieldmo.gov. If emailing, please name the file as FY25RENEWALCoCIntent: **Agency Name**.*

AGENCY INFORMATION

1. Applicant Legal Name: Click or tap here to enter text.
2. Employer/Taxpayer Identification #: Click or tap here to enter text.
3. Applicant UEI Number: Click or tap here to enter text.
4. Applicant Address: Street: Click or tap here to enter text. City/State/Zip Code: Click or tap here to enter text.
5. Point of Contact for Intent to Submit/Project Application:
 - First and Last Name: Click or tap here to enter text.
 - Title: Click or tap here to enter text.
 - Phone Number: Click or tap here to enter text.
 - Email: Click or tap here to enter text.

AGENCY FINANCIAL ASSESSMENT AND EXPENDITURE OF FUNDS

1. Has the applicant had an acceptable HUD audit for any projects originally with HUD (e.g., CoC, ESG) since the last NOFO Cycle that does not contain indication of material, performance, financial, or accounting problems?



☐ Yes ☐ No: *If No, please explain per funding source, including a summary of any corrective action plan(s) and when submitted:* Click or tap here to enter text.

2. Has the applicant returned funding from any projects originating with HUD (CDBG, CoC, or ESG) during the most recently completed grant terms?

☐ No ☐ Yes: *If Yes, please explain, including funding source and % of funding returned per source:* Click or tap here to enter text.

3. What source does the applicant intend to use for the project(s) match including percentage?

Project Name	Total Percentage of Match	Source of Match
a. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
b. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
c. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
d. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

RENEWAL PROJECT INFORMATION

The OAEH NOFO Committee assumes that all renewal projects meet threshold requirements. The agency has the responsibility to notify the NOFO Committee if this is inaccurate.

1. Please indicate Grant Numbers and Names you plan to renew below:

Grant Number	Grant Name	FY2025 Changes
a. Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No



2. If yes to FY2025 Changes briefly explain the changes intended to be made: [Click or tap here to enter text.](#)

3. Are you reallocating any grants: ☐ Yes ☐ No

If yes, please explain: [Click or tap here to enter text.](#)

4. Please provide any additional information regarding your renewals: [Click or tap here to enter text.](#)

APPENDIX A - REQUIRED

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES/NO FORMAT. THESE QUESTIONS WERE PULLED FROM THE MOST RECENT COCBUILDS NOFO AND MAY OR MAY NOT BE INCLUDED IN THE HUD COC PROJECT APPLICATIONS. THE OAEH IS WANTING TO GATHER THIS INFORMATION IN ADVANCE IN THE EVENT THEY ARE INCLUDED IN THE APPLICATION PROCESS.

☐ Yes ☐ No - The proposed project will provide regular, on-site supportive services to participants including case management, healthcare and behavioral health services.

☐ Yes ☐ No - The applicant currently provides regular, on-site supportive services to participants including case management, healthcare and behavioral health services.

☐ Yes ☐ No - The proposed project will require program participants to participate in services by contract, occupancy agreement, or lease. Participation requirements must be in line with 24 CFR 578.75(h). Examples of services include case management, employment assistance and job training, life skills training, and substance abuse treatment. For the full list of supportive services see 24 CFR 578.53(e).

☐ Yes ☐ No - The applicant currently requires program participants to participate in supportive services.

☐ Yes ☐ No - The applicant currently provides program participants with full-time, individual, customized services. Examples of services include substance use disorder treatment, case management, job training, and life skills classes. Individuals over age 62, with a physical disability, or who have full-time employment may not be required to participate in full-time services.

☐ Yes ☐ No - The applicant does not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction”.

☐ Yes ☐ No - The applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

☐ Yes ☐ No - Fewer than 10% of the applicant’s current participants who have exited the program return to homelessness within 24 months according to HMIS data or their own data system.

☐ Yes ☐ No - The applicant does not and will not promote, encourage, subsidize, or facilitate racial preferences or other forms of illegal discrimination.

☐ Yes ☐ No - The applicant does not and will not deny the sex binary in humans or promote the notion that sex is a chosen or mutable characteristic.



Anything that you would like to explain or clarify: [Click or tap here to enter text.](#)



ATTACHMENTS REQUIRED

Additional Attachments (*per Renewal Grant*) to Include with Intent to Submit

- ☐ CoC APR Report (Run by Agencies)
- ☐ SPM 2 (Run by HMIS Administrator)
- ☐ Springfield Monitoring Report (Run by Agencies)
- ☐ Data Timeliness Report (Run by Agencies)
- ☐ eLOCCS Draw Down Report for last completed grant year, including *the General, Budgets, and Voucher tabs*
- ☐ Adopted Housing First Policies

*Information on how to run reports can be found on the OAEH HUD CoC Scoring Information Sheet on the [OAEH Website](#)



CERTIFICATION

*By signing this document, I certify that the information included in this funding application is true and accurate to the best of my knowledge.

*I also certify that if this project is selected for inclusion in the FY2025 OAEH CoC funding application to HUD, I have the ability to complete all funding application documentation required by HUD to be eligible to complete the online application by the published due date.

*I also understand that all CoC-funded agencies are monitored by the Continuum of Care for project performance related to HEARTH Act measures and other locally determined measures for the purposes of improving project performance to best serve people experiencing homelessness.

CEO/Board President (PRINT)

Signature

Date

NOTE: In accordance with the Americans with Disabilities Act (ADA) guidelines, if you need special accommodations through the competition process, please notify the Planning & Development Department at 417-864-1037 as soon as possible to ensure our ability to accommodate your needs. In accordance with Limited English Proficiency (LEP) guidelines, language assistance is also available.