



OZARKS ALLIANCE TO *End* HOMELESSNESS ,
HUD CoC RENEWAL PROJECTS
FY 2023 INTENT TO SUBMIT

In response to the FY 2023 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. Agencies should review the complete NOFO [HERE](#). 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 apply for ANY 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 Friday, August 18, 2023. The Intent to Submit may be delivered in person to 840 N. Boonville, Planning Department, ATTN: Bob Atchley or emailed to batchley@springfieldmo.gov. If emailing, please name the file as FY23RENEWALCoCIntent: **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 any outstanding findings from a monitoring or audit on any projects originating with HUD (CDBG, CoC, MOHIP, or ESG) over the last 3 years?
 - No
 - Yes: *If Yes, please explain per funding source, including a summary of any corrective action plan(s):* 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. How much match was provided to the project(s) during the last completed grant year?

Grant Number	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 outlined in the FY2023 NOFO. 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	FY2023 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. Are you reallocating any grants: Yes No

If yes, please explain: Click or tap here to enter text.

3. Please provide any additional information regarding your renewals: Click or tap here to enter text.



APPLICATION NARRATIVE

1. Explain how the project participates in the CoC HMIS and CES, compliant with CoC Policies and Procedures and HUD Coordinated Entry Notice: [Click or tap here to enter text.](#)
2. Project agency attended 75% or more of quarterly OAEH General Membership meetings and 75% of the Systems & Services Committee meetings during the last calendar year: Yes No
3. Does the project implement Housing First principles, including no preconditions or barriers to entry except as required by funding sources, and provision of necessary supports to maintain housing and prevent a return to homelessness? Explain: [Click or tap here to enter text.](#)
4. Explain how the project addresses the unique needs of underserved and marginalized populations by offering relevant services to participants and ensuring program staff and other personnel are well-equipped to deliver such services. Describe initiatives and components including, but not limited to, communication/marketing, staff training, lived experience integration, and partnerships developed and implemented to further these efforts: [Click or tap here to enter text.](#)
5. Explain how the project aligns with priorities identified in the CoC's *OAEH Strategic Plan* and *OAEH Strategic Action Plan*: [Click or tap here to enter text.](#)
6. Explain how the project aligns with the federal priorities identified in this NOFO and *ALL IN: The Federal Strategic Plan to Prevent and End Homelessness for 2022 to 2025*: [Click or tap here to enter text.](#)
7. Provide an executive summary of any barriers and/or challenges the project faced in the last year: [Click or tap here to enter text.](#)

ATTACHMENTS REQUIRED

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

- APR for most recently completed grant year
- eLOCCS Draw Down Report for last completed grant year, including *the General, Budgets, and Voucher tabs*
- Adopted Housing First Policies



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 FY2023 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.