Ozarks Alliance to End Homelessness

**NEW HUD CoC Project Applications**

FY 2024 Intent to Submit

For the FY 2024 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 an eligible CoC Project. 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](mailto:batchley@springfieldmo.gov).

*Agencies who wish to apply for a NEW CoC project under the FY 2024 CoC NOFO must submit the following Intent to Submit to the CoC Lead Agency, the City of Springfield, by 12:00p.m. (NOON) on Monday, September 9, 2024. 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*](mailto:batchley@springfieldmo.gov)*. If emailing, please name the file as FY24NEWCoCIntent: 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. Type of Applicant (Select One):

Non-Profit Organization

State or local government entity

6. 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.

**Threshold Requirements**

If funded, is the project willing to adhere to the following threshold requirements:

* + Provide documentation to HUD via the agency’s E-Snaps application to determine eligibility, including HUD form 50070, HUD form 2880, Agency Code of Conduct, UEI Number, and SAM Registration
  + All requirements listed in the HUD CoC Project Competition [*NOFO*](https://grants.gov/search-results-detail/355762)
  + Utilize Housing First principles in the implementation of the project
  + Participate in the OAEH Coordinated Entry System, and follow all policies and procedures related to the Coordinated Entry System, including regular attendance at Case Conferencing Meetings
  + Participate in the Homeless Management Information System (HMIS) or OAEH approved comparable database and comply with all policies and federal mandates surrounding use of HMIS
  + Participate in the OAEH as an active member. CoC funded projects must meet attendance requirements, currently 75% of quarterly General Membership Meetings, and 75% of Systems & Services meetings

**Agency Capacity and Experience**

1. Has the applicant had any outstanding findings from a monitoring or audit on any projects originating with HUD (CDBG, CoC, or ESG) over the last 3 years?

No  Yes: *If Yes, please explain per funding source, including a summary of any corrective action plan:* Click or tap here to enter text.

1. Has the applicant returned funding from any projects originating with HUD (CDBG, CoC, ESG, or MOHIP) 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.

1. Is the agency delinquent on any federal debt?

No  Yes: *If Yes, please explain:* Click or tap here to enter text.

1. Matching Funds: HUD requires CoC projects to provide a 25% match of the total grant amount. Matching funds can be in the form of cash or in-kind commitments and can only be used for CoC eligible activities. HUD requires each project applicant to include documented proof of matching funds in the application that is submitted directly to HUD. Please indicate the amount of documentable matching funds that are dedicated to this project and the source.

Source: Click or tap here to enter text.

Cash  or In-Kind

Amount: Click or tap here to enter text.

Source: Click or tap here to enter text.

Cash  or In-Kind

Amount: Click or tap here to enter text.

Source: Click or tap here to enter text.

Cash  or In-Kind

Amount: Click or tap here to enter text.

Source: Click or tap here to enter text.

Cash  or In-Kind

Amount: Click or tap here to enter text.

1. Describe the agency’s experience (if any) in effectively utilizing federal funds in

accordance with 2 CFR 200, to include HUD grants and other funding: Click or tap here to enter text.

1. Describe agency’s experience in working with the proposed population and providing housing similar to that in the proposed application: Click or tap here to enter text.

**NEW Project Information**

1. What amount of funds are you applying for? *New Projects under the HUD CoC Grant are eligible for the CoC’s DV Bonus (up to $213,820) or CoC Bonus (up to $171,056) Funds.*

Click or tap here to enter text.

1. If your request cannot be fully funded, indicate the minimum amount required to make the project viable: Click or tap here to enter text.
2. Please indicate the amount of funds being requested for each eligible cost:
   1. Leased Units: Click or tap here to enter text.
   2. Leased Structure: Click or tap here to enter text.
   3. Rental Assistance: Click or tap here to enter text.
   4. Supportive Services: Click or tap here to enter text.
   5. Operating: Click or tap here to enter text.
   6. Administrative: Click or tap here to enter text.
3. Who is the primary population focus? Choose an item.
4. Total Number of Households to be Served: Click or tap here to enter text.
5. What is the project component? Choose an item.
6. Has the agency administered this Project Component (as selected above) previously?

No

Yes (if yes, please briefly explain experience): Click or tap here to enter text.

1. Proposed Project Start Date: Click or tap here to enter text.
2. Please describe the scope of the proposed project, including:
   1. Demonstrate how the project will assist underserved populations to include persons with a history of victimization such as domestic violence, sexual assault; criminal histories; substance use disorders; mental health; or chronic homelessness: Click or tap here to enter text.
   2. Prioritize 75% or more of Federal CoC Program funds to provide housing activities, e.g., rent assistance, leasing units, acquisition, rehabilitation, and/or construction of affordable housing units: Click or tap here to enter text.
   3. Describe how the project will house homeless populations to demonstrate a reduction in the length of time people experience homelessness: Click or tap here to enter text.
   4. Describe the housing barriers experienced by the target population and demonstrate how the project will increase permanent housing placement and retention in housing: Click or tap here to enter text.
   5. Describe how the project will demonstrate assisting the population to increase employment income: Click or tap here to enter text.
   6. Describe how the project will demonstrate assisting the population to access mainstream benefits, including but not limited to SSI/SSDI, SNAP, Medicaid/Medicare: Click or tap here to enter text.
   7. Identify partnerships with healthcare organizations to assist participants in accessing benefits and services: Click or tap here to enter text.
   8. Describe how the project will address and serve populations currently underserved by local programming as identified through consultation with the local CoC: Click or tap here to enter text.
3. How will this project leverage non-CoC funded housing resources? Click or tap here to enter text.
4. Does the agency have SOAR certified staff who will be working with project participants?

No  Yes

12. Does this project address community need through established Continuum of Care populations and/or project type priorities?

No  Yes

If yes, what CoC priority does the project address? Click or tap here to enter text.

**Application Narrative**

1. Describe the experience or intent to participate in the CoC HMIS and Coordinated Entry System compliant with CoC Policies and Procedures and HUD Coordinated Entry Notice: Click or tap here to enter text.

2. Did the agency attend 75% or more of quarterly OAEH General Membership meetings during the last calendar year:  Yes  No

3. Describe experience with or intent to 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: Click or tap here to enter text.

4. Explain how this project will address 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. Describe how this 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. Describe how this 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. Describe how the agency intends for rapid implementation of the project to begin housing the first participant in 180 days or less following HUD grant award: Click or tap here to enter text.

8. Describe the financial capacity to support project’s long-term sustainability: Click or tap here to enter text.

**Additional Attachments to Include with Intent to Submit**

Adopted Housing First Policies

If Applicable, Applicant Agency Acquisition/Rehabilitation/New Construction Information as outlined in the OAEH HUD CoC Scoring Tool for New Projects.

Contact Emily Fessler at [efessler@cpozarks.org](mailto:efessler@cpozarks.org) if there are questions on those documents.

**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 OAEH FY2024 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 the 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.