Ozarks Alliance to End Homelessness

 **HUD CoC Renewal Projects**

FY 2021 Intent to Submit

In response to the FY 2021 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. Information provided here will be used during the project ranking. Agencies should review the complete NOFO [HERE](https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/) and the OAEH timeline and supporting documentation for local submission at [cpozarks.org/endhomelessness](http://www.cpozarks.org/endhomelessness) (Federal Funding Section). 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 NOON on Friday, September 17, 2021. 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 FY21RENEWALCoCIntent: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 DUNS 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:

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 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(s):* Click or tap here to enter text.

1. 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 FY2021 NOFO. The agency has the responsibility to notify the NOFO Committee if this is inaccurate.*

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

Grant Number Grant Name FY2021 Changes

a. Click or tap here to enter text. Click or tap here to enter text. [ ]  Yes [ ]  No

b. Click or tap here to enter text. Click or tap here to enter text. [ ]  Yes [ ]  No

c. Click or tap here to enter text. Click or tap here to enter text. [ ]  Yes [ ]  No

d. Click or tap here to enter text. Click or tap here to enter text. [ ]  Yes [ ]  No

2. Are you reallocating any grants: [ ]  Yes [ ]  No

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

3. 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 FY2021 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 the HEARTH Act measures and other locally determined measures for the purposes of improving project performance to best serve people experiencing homelessness.

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CEO/Board President (PRINT)

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Signature

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Date