



OZARKS ALLIANCE TO *End* HOMELESSNESS  
NEW HUD CoC PROJECT APPLICATIONS  
FY 2022 INTENT TO SUBMIT

In response to the HUD Special CoC Unsheltered Homelessness 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 eligible an CoC Project, Information provided here will be used during the project ranking. Agencies should review the complete NOFO [HERE](#) and the OAEH timeline and supporting documentation for local submission at [cpozarks.org/endhomelessness](http://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 a NEW CoC project under this Special Funding Opportunity 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](mailto:batchley@springfieldmo.gov). If emailing, please name the file as FY21NEWCoCIntent: **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. 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 agency’s E-Snaps application to determine eligibility, including HUD form 50070, HUD form 2880, Agency Code of Conduct, SAM Registration, and DUNS number
- All requirements listed in the HUD Special CoC Unsheltered Homelessness [NOFO](#)
- 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 Homeless Missourians 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 monthly meeting Systems and Services Committee Meetings and 75% of quarterly General Membership Meetings.
  - No: If no, please explain: [Click or tap here to enter text.](#)
  - Yes

### AGENCY CAPACITY AND EXPERIENCE

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, including funding source and % of funding returned per source:* [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 per funding source, including a summary of any corrective action plan:* [Click or tap here to enter text.](#)
3. Is the agency delinquent on any federal debt?
  - No      Yes: *If Yes, please explain:* [Click or tap here to enter text.](#)
4. 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.
 

<p>Source: <a href="#">Click or tap here to enter text.</a></p> <p>Cash <input type="checkbox"/> or In-Kind <input type="checkbox"/></p> <p>Amount: <a href="#">Click or tap here to enter text.</a></p>	<p>Source: <a href="#">Click or tap here to enter text.</a></p> <p>Cash <input type="checkbox"/> or In-Kind <input type="checkbox"/></p> <p>Amount: <a href="#">Click or tap here to enter text.</a></p>
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5. Describe agency's experience with managing federal funds and working collaboratively to end homelessness: [Click or tap here to enter text.](#)
6. 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 (cannot exceed \$52,791 for CoC Bonus projects or \$142,333 for DV Bonus Projects): [Click or tap here to enter text.](#)
2. If your request cannot be fully funded, indicated the minimum amount required to make the project viable: [Click or tap here to enter text.](#)
3. Please indicate the amount of funds being requested for each eligible cost:
  - a. Leased Units: [Click or tap here to enter text.](#)
  - b. Leased Structure: [Click or tap here to enter text.](#)
  - c. Rental Assistance: [Click or tap here to enter text.](#)
  - d. Supportive Services: [Click or tap here to enter text.](#)
  - e. Operating: [Click or tap here to enter text.](#)
  - f. Administrative: [Click or tap here to enter text.](#)
4. Who is the primary population focus? Choose an item.
5. Total Number of Households to be Served: [Click or tap here to enter text.](#)
6. What is the project component? Choose an item.
7. Has the agency administered this Project Component before (as selected above) previously?  
 No  
 Yes (if yes, please briefly explain experience [Click or tap here to enter text.](#) )
8. Proposed Project Start Date: [Click or tap here to enter text.](#)
9. Please describe the scope of the proposed project, including (A) how the type of housing proposed will fit the needs of program participants, (B) the type of supportive services that will be offered to participants to ensure identification and retention of permanent housing, (C) the project's specific plan to connect clients with mainstream benefits, and (D) how program participants will be served in a way that meets their needs [Click or tap here to enter text.](#)
10. How will this project leverage non-CoC funded housing resources? [Click or tap here to enter text.](#)
11. How will this project leverage health care resources? [Click or tap here to enter text.](#)
12. Does the agency have SOAR certified staff who will be working with project participants?  
 No       Yes

**ADDITIONAL ATTACHMENTS TO INCLUDE WITH INTENT TO SUBMIT**

- 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 OAEH Special CoC Unsheltered Homeless 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