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**2015 Continuum of Care**

**Intent to Apply/Policy for Funding Consideration for RENEWALS**

To better determine the capacity of the Milwaukee City and County Continuum of Care (CoC) and accommodate those agencies that intend to apply for **renewal** funding through the 2015 HUD CoC process, please complete the following information and return to Rafael Acevedo, 200 E. Wells Street City Hall, Rm. 606. Milwaukee*,* WI 53202. This form must be returned by **Wednesday, September 30th, 2015 by 5:00PM**. You may also print, sign and scan this form and submit by email to racevedo@milwaukee.gov or fax to 414-286-5003 by end of business day. This form should be completed for any CoC Program renewal that will expire within in calendar year 2016.

If you have questions, please contact Rafael Acevedo at racevedo@milwaukee.gov or 414-286-5548.

* **Agencies with more than one CoC project must submit a separate form for EACH project.**
* **If your agency does not intend to renew, you must submit this form as a notification to the CoC.**

Name of Agency:

Name of Project:

**INTEND TO APPLY:** **[ ]  DO NOT INTEND TO APPLY [ ]**

Please list most recent Grant Number:

Please list the start and end dates of the HUD Operating Year:

**Please indicate the type of project: (Check only one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Permanent Housing – Indicate whether PSH or RRH [ ]  Permanent Supportive Housing[ ]  Rapid Re-Housing | [ ]  | HMIS |  |  |
| [ ]  | Transitional Housing | [ ]  | Supportive Services Only  |  |  |
| [ ]  | Safe Haven  |

**Reduced Renewal Projected Budget:** Renewal grants have the option to request a reduced amount of CoC funds and allow the surrendered funds to be put into a pool to be made available for reallocation at the CoC level to new Permanent Housing or Rapid Re-Housing projects in Milwaukee. The most common reason for reduction is if the program routinely has excess funds that get recaptured by HUD. If your agency chooses to reduce your funding request, a letter from your agency stating the reduced request amount will also need to accompany the Intent to Apply form.

Do you wish to leave your renewal program funding request at the current amount?
[ ]  Yes [ ]  No (if No, please complete the chart below)

**REDUCED RENEWAL Projected Budget** (***only*** for budget reductions)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Acquisition, new construction or rehab (if applicable) | Leasing  | Rental Assistance | Services | Operations | HMIS | Administration (limited to 7% total of all other categories) | TOTAL budget request amount |
| **$**      | **$**      | **$**      | **$**      | **$**      | **$**      | **$**      | **$**      |

**If you intend to apply, please answer the following questions:**

*Project applications will be reviewed and selected based upon adherence to the HUD CoC Program Interim Rule, FY15 CoC NOFA, and FY15 CoC NOFA Policy Priorities.*

1. Provide a brief overview of your project in one or two paragraphs, including the number of units.

2. Please list the organizations involved in implementing the renewal project, provide a brief description of what each do, and describe past performance that demonstrates each organization’s capacity and qualification to serve the proposed population and/or administer the project.

3. Identify the homeless population served, including their characteristics and needs for housing and supportive services, where they come from, and the outreach used to bring them into the project or how they are affected by proposed project. *Note restrictions on eligible populations based on project type.*

4. What housing gap/need does this renewal project address? Does it address specific racial and ethnic disparities in rates of homelessness? *(In order to leverage capital dollars available through other funding processes, applicants may receive higher ranking if they elect to use these dollars for leasing, rental assistance or operating funds, rather than new construction, acquisition, or rehab. Housing with minimal barriers and built-in strategies to promote success will also be favored).*

5. Describe how your project will commit to and assist in the advancing of the Milwaukee CoC towards a Housing First model. *Note the ways it addresses removing barriers to entry, utilizing best practices, efforts of prioritization of Chronic Homeless and Veterans in turnover units, client centered service delivery, inclusive decision-making, etc.)*

**Policy for Funding Consideration**

To be eligible for funding consideration, Project Sponsors must meet the following criteria:

# All Project Sponsors

* Must meet all HUD eligibility criteria.
* Must meet all pre-application deadlines as set by the Continuum.
* Must have met all program requirements for most recent program year to be eligible for application.
* Must be a 501(c) 3, 501 (c) 4, PHA, or local government.
* Must possess legal authority to apply for and receive funds and carry out activities authorized by the CoC Program.
* Must provide the supplementary match funds required by HUD.
* Must participate fully in the Milwaukee CoC process to coordinate and integrate with other mainstream programs for which homeless populations may be eligible.
* Must assume ultimate responsibility for preparing an accurate and complete application for submission to HUD that meets all federal rules and regulations.
* Must be in compliance with all local, state, and federal civil rights laws and Executive Orders as well as all standards outlined in the U.S. Department of Housing and Urban Development CoC NOFA.
* All project sponsors must meet any HUD certification requirements as outlined in the 2015 CoC NOFA.
* **Must submit a copy of the agency’s most recent audit or IRS form 990.**
* Renewal Project Sponsors must be entering data into the HMIS system, with the exception of Domestic Violence programs that are exempted by the Violence Against Women Act. Compliance with HMIS regulations will be reported by the HMIS administrator for scoring.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

