



INTENT TO APPLY AND THRESHOLD REQUIREMENTS

NORTH DAKOTA CONTINUUM OF CARE

August 2022

Any new or renewal project wishing to apply for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding in the FY 2022 HUD CoC competition must complete the following information and submit to the CoC by the deadline (August 12, 2022). **Your project will not be eligible to apply in the competition if you do not submit this form by the deadline.**

Name of Agency	Name of Project
Primary Contact	Contact Email
UEI #	Contact Phone

1. Amount of Funding Request: \$ _____

2. Is this for a new or renewal project(s)?

- | | |
|-----------------------------|--------------------|
| New: CoC Bonus/Reallocation | Transition Project |
| New: DV Bonus | Expansion |
| Renewal | |

3. Will your agency be consolidating grants?

- | | |
|-----|----|
| Yes | No |
|-----|----|

4. Type of Project

- Permanent Housing-Rapid Rehousing (PH-RRH)
- Permanent Housing-Permanent Support Housing (PH-PSH)
- Joint Transitional Housing-Permanent Housing Rapid Rehousing (Joint TH/PH-RRH)
- Transitional Housing (TH)
- Supportive Services Only – Coordinated Entry (SSO-CE)
- Homeless Management Information System (HMIS) (HMIS Lead Agency only)

5. Location of your project? Check all that apply.

- | | |
|--------------------|----------|
| Entire State of ND | Region 5 |
| Region 1 | Region 6 |
| Region 2 | Region 7 |
| Region 3 | Region 8 |
| Region 4 | |

5. Homeless population that will be served with funding

- Category 1: Literally Homeless
- Category 2: Imminent Risk of Homeless
- Category 3: Homeless Under other Federal Statutes
- Category 4: Fleeing/Attempting to Flee
- N/A: CE or HMIS

6. What is your proposed subpopulation?

Chronic Homeless

DedicatedPlus

Victims of Domestic Violence or Human Trafficking

Youth

N/A: CES, RRH, HMIS, or Joint TH-RRH Project

Number of beds and units dedicated to CH or DedicatedPLUS if checked: _____

7. Please state the number of beds for your target population to be served. If CES, HMIS or you are not serving one of the populations listed, please enter 0.

of Single Beds: _____

of Single Units: _____

of Family Beds: _____

of Family Units: _____

of Youth ONLY Beds: _____

of Youth ONLY Units: _____

8. Applicant Assurances:

Project agrees to utilize HMIS (or CoC approved equivalent if a victim service provider) and follow related HMIS policies.

Project has an active SAM Registration.

Project agrees to make quarterly drawdowns in eLOCCS. **Provide PDF eLOCCS report to verify.**

Project has a signed CoC Membership Agreement.

Project agrees to fill all beds using CARES prioritization process, tools, and policies (PH or Joint projects ONLY).

Project agrees to utilize CARES Receipts and checklist to assure mainstream linkage.

Project agrees to follow CoC Policies and Written Standards.

Project agrees to verify recipient eligibility and maintain documentation of eligibility.

Project agrees to respond to any data quality issues in a timely manner.

Project agrees to incorporate Housing First principles, including low barrier access, into agency policies and practices. *If agency is invited to apply for CoC funding, a [Housing First assessment](#) must be submitted with Application Packet.*

Project agrees to participate in all CoC required trainings in Digital Chalk and other training opportunities. Trainings may include, but may not be limited to: Housing First, Client Centered Care, Low Barrier Access, Harm Reduction, Motivational Interviewing, Trauma Informed, Creative Engagement, CARES (overview and role specific), VAWA series, Fair Housing and Discrimination, Equal Access, Stop Evictions, and Homelessness 101 (CoC Overview, Homeless Definitions, Self-Care, Core Principles of Ending Homelessness, Intro to Homelessness).

Applicant agrees to participate in local and regional homeless planning including attending CoC and local homeless committee/coalition meetings.

Applicant agrees to participate in an annual performance evaluation and follow-up with any technical assistance requirements if your project has been identified as under-performing.

Applicant agrees to be compliant with Fair Housing, Equal Opportunity, and Equal Access including assuring adaptations to marketing, access, interpretation, and reasonable accommodations.

Project will incorporate CoC housing stability best practices (tools and training provided by the CoC) to assist households in achieving and maintaining independent living, adapted to their individual needs and goals (e.g., provides the participant with transportation assistance, case management, safety planning, and other services appropriate to support stability in the household).

Applicant is a nonprofit organization, state or local government, instrument of a state or local government, public housing agency, Indian Tribe or Tribally Designated Housing Entity. **Attach proof of nonprofit status to this document.**

Project does NOT have any outstanding or delinquent federal debt, debarments, suspensions, or mandatory disclosure requirements.

Applicant agrees to invite program participants (persons with lived experience) to participate in your board of directors, regional/local coalitions or consumer advisory boards, and any other opportunity for persons with lived experience to provide input on CoC or project improvement.

9. **NEW PROJECTS ONLY:** Will this project funding request replace another existing funding source for the activity being proposed? If yes, please explain.

Yes

No

10. **RENEWAL PROJECTS ONLY:** Does your project have any outstanding findings with HUD?

Yes. **Please attach findings on HUD letterhead to this document.**

No

11. Please enter the date of your last agency audit _____. **Attach the audit to this document.**

12. **NEW AGENCIES ONLY:** Please describe your experience administering federal, state, or local grants. Include any programs specifically targeted for persons who are homeless or at risk of homelessness.