



INTENT TO APPLY AND THRESHOLD REQUIREMENTS
 NORTH DAKOTA CONTINUUM OF CARE
 SFN 62346 (07/24)

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 2024 HUD CoC competition must complete the following information and submit to the CoC by the deadline (August 9, 2024). **Incomplete or late submissions will not be accepted, and the agency will not be allowed to move forward in the FY24 CoC competition.**

Name of Agency	Name of Project
Primary Contact	Contact Email Address
Unique Entity ID Number	Contact Telephone Number

1. PROJECT INFORMATION

Amount of Funding Request						
Is this for a new or renewal project(s)? <input type="checkbox"/> New: CoC Bonus/Reallocation <input type="checkbox"/> New: DV Bonus <input type="checkbox"/> Renewal <input type="checkbox"/> Transition Project <input type="checkbox"/> Expansion						
Will your agency be consolidating grants? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will your agency be transitioning a grant? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Type of Project <input type="checkbox"/> Permanent Housing-Rapid Rehousing (PH-RRH) <input type="checkbox"/> Permanent Housing-Permanent Support Housing (PH-PSH) <input type="checkbox"/> Joint Transitional Housing-Permanent Housing Rapid Rehousing (Joint TH/PH-RRH) <input type="checkbox"/> Transitional Housing (TH) <input type="checkbox"/> Supportive Services Only (SSO) <input type="checkbox"/> Supportive Services Only – Coordinated Entry (SSO-CE) <input type="checkbox"/> Homeless Management Information System (HMIS) (HMIS Lead Agency only)						
Location of Your Project (check all that apply) <input type="checkbox"/> Entire State of ND <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 <input type="checkbox"/> Region 6 <input type="checkbox"/> Region 7 <input type="checkbox"/> Region 8						
Homeless Population That Will Be Served with Funding <input type="checkbox"/> Category 1: Literally Homeless <input type="checkbox"/> Category 2: Imminent Risk of Homeless <input type="checkbox"/> Category 4: Fleeing/Attempting to Flee <input type="checkbox"/> N/A: SSO-CE or HMIS						
What is Your Proposed Subpopulation? <input type="checkbox"/> Chronic Homeless <input type="checkbox"/> DedicatedPLUS <input type="checkbox"/> Victims of Domestic Violence or Human Trafficking <input type="checkbox"/> Youth <input type="checkbox"/> N/A: SSO-CES, RRH, HMIS, or Joint TH-RRH Project						
Number of beds and units dedicated to chronic homeless or DedicatedPLUS, if checked.						
Please state the number of beds for your target population to be served. If CE, HMIS, or you are not serving one of the populations listed, please enter 0.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Single Beds</td> <td style="width: 33%;">Single Units</td> <td style="width: 33%;">Family Beds</td> </tr> <tr> <td>Family Units</td> <td>Youth ONLY Beds</td> <td>Youth ONLY Units</td> </tr> </table>	Single Beds	Single Units	Family Beds	Family Units	Youth ONLY Beds	Youth ONLY Units
Single Beds	Single Units	Family Beds				
Family Units	Youth ONLY Beds	Youth ONLY Units				

2. APPLICANT ASSURANCES

- Project agrees to utilize HMIS (or CoC approved equivalent if a victim service provider) and follow related HMIS policies.
- 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.
- Project has a signed CoC Membership Agreement.
- Project agrees to follow CoC Policies and Written Standards.
- Project agrees to incorporate Housing First principles, including low barrier access, into agency policies and practices.
- Project agrees to participate in all CoC required training opportunities. Trainings may include, but not be limited to: Housing First, Client Centered Care, Low Barrier Access, Harm Reduction, Motivational Interviewing, Trauma Informed Care, Creative Engagement, CARES (overview and role specific), VAWA, Fair Housing and Discrimination, Equal Access, etc.
- 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.
- Project agrees to fill all beds using CARES prioritization process, tools, and policies (PSH, RRH, or Joint projects ONLY).
- Project agrees to utilize CARES Receipts and checklist to assure mainstream linkage.
- 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 has an active SAM Registration.
- Project does NOT have any outstanding or delinquent federal debt, debarments, suspensions, or mandatory disclosure requirements.
- Project agrees to submit all required CoC and HUD reports on time, including, but not limited to, Annual Performance Reports, Point-in-Time and Housing Inventory Counts, etc.
- Project agrees to make quarterly drawdowns in eLOCCS.
- 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 agrees to invite program participants (persons with lived experience) to participate in the agency's 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.

3. HUD FINDINGS

Does your project have any outstanding findings with HUD? If yes, please attach findings on HUD letterhead to this document.
 Yes No

4. FINANCIAL AUDIT

Please enter the date of your last agency audit and attach audit to this document

5. NEW PROJECTS ONLY

Will this project funding request replace another existing funding source for the activity being proposed. If yes, please explain.
 Yes No

6. 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.

7. REQUIRED ATTACHMENTS

1. Attach proof of nonprofit status to this document.
2. RENEWAL PROJECTS ONLY: Provide PDF eLOCCS report to verify drawdowns from your most recent grant.
3. HUD Findings on HUD letterhead (if Yes to Question 3).
4. Most recent agency audit.