

Texas Balance of State Continuum of Care FY 2019 CoC Intent to Apply Submission Portal

Please complete the form below to declare your Agency's intention to participate in the FY 2019 TX BoS CoC Competition.

* Required

1. Email address *

2. What is the name of your Agency? *

3. Who is the Authorized Primary Contact for your Agency? *

4. What is the preferred email for the Agency's Authorized Primary Contact? *

5. Who is the Agency's Authorized Secondary (Back Up) Contact? *

6. What is preferred email for the Agency's Authorized Secondary Contact? *

7. Does your Agency intend to apply for a New Project, Expansion Project, Transition Grant, or Consolidation Grant? *

If you currently operate a CoC Project, and you do not plan on applying for any form of additional funding, please select "No." Please answer "Yes" if you intend to apply for CoC funds for the first time (a New Project application), to apply for new funds to expand a current CoC or non-CoC funded Project (Expansion Project), to reallocate a current CoC funded Project and reapply under a different component type (Transition Grant), or to consolidate two to four CoC funded Projects which your Agency operates (Consolidation Grant).

Mark only one oval.

Yes Skip to question 7.

No Skip to question 64.

New Funding Applicants

8. Does your Agency have any outstanding delinquent federal debts? *

Mark only one oval.

Yes After the last question in this section, skip to "It seems like you may have some questions concerning the Continuum of Care application process, or some of your selection are inconsistent with the FY 2019 CoC NOFA. ."

No

Maybe After the last question in this section, skip to "It seems like you may have some questions concerning the Continuum of Care application process, or some of your selection are inconsistent with the FY 2019 CoC NOFA. ."

9. Does your Agency have a valid SAM registration number? *

More information concerning SAM registration can be found here: <https://www.sam.gov/SAM/>
Mark only one oval.

Yes

No

10. In compliance with 24 CFR 578.75 (g), does an individual who is currently experiencing homelessness or formerly experienced homelessness currently hold position on your Agency's Board or other equivalent policy making entity? *

Mark only one oval.

Yes

No

11. Have you reviewed the TX BoS CoC Expectation form and does your Agency agree to comply with the form before the execution of the grant, if it is awarded? *

Mark only one oval.

Yes

No

12. Do you want to talk to a THN Staff person about the CoC Expectations Form? *

Mark only one oval.

Yes After the last question in this section, skip to "It seems like you may have some questions concerning the Continuum of Care application process, or some of your selection are inconsistent with the FY 2019 CoC NOFA. ."

No

13. Does HUD currently have a copy of your Agency's Code Of Conduct on file? *

Mark only one oval.

Yes

No

14. Does your Agency intend to identify subrecipients for this application?

Mark only one oval.

Yes

No

15. Does your Agency currently operate a Continuum of Care project? **Mark only one oval.* Yes No I don't know *After the last question in this section, skip to "It seems like you may have some questions concerning the Continuum of Care application process, or some of your selection are inconsistent with the FY 2019 CoC NOFA. ."***16. For which new project types does your Agency intend to apply? ***

Please select all that apply.

Check all that apply. New Project Renewal and Expansion Project Reallocation and Transition Project**17. For how many new projects does your Agency intend to apply? ***

A new project is defined as a project that was not previously funded by HUD in the FY 2018 CoC Program Competition, to include an expansion of a renewal project.

Check all that apply. 1 2 3 4 5 Other: _____**1st Project****18. What is the name of this Project?**

19. For what type of CoC Program funding is your Project applying? **Mark only one oval.* Domestic Violence Bonus Funding Continuum of Care Bonus Funding I don't know

20. For which project component type does your Project intend to apply? *

Permanent Housing - Permanent Supportive Housing is an ineligible project component type under the Domestic Violence Bonus.

Mark only one oval.

- Permanent Housing - Permanent Supportive Housing
- Permanent Housing - Rapid Re Housing
- Joint Transitional Housing - Rapid Re Housing Component Type
- Supportive Services Only - Coordinated Entry

21. Does your Agency intend to request New Construction, Renovation, or Acquisition funds? *

Please remember that, through the FY 2019 NOFA, a project can only apply for New Construction, Renovation, or Acquisition funds to operate the Permanent Housing - Permanent Supportive Housing Component Type.

Mark only one oval.

- Yes
- No

22. Will your Project prioritize a subpopulation for services? *

Mark only one oval.

- Youth Experiencing Homelessness (under 24)
- Domestic Violence Victims or Survivors
- Chronically Homeless Individuals and Families
- HIV/AIDs
- Mental Illness
- Families
- Veterans
- Other: _____

23. How many units does your Project propose to operate at full capacity? *

Unit= Housing unit (Apartment /House / Duplex etc...)

24. How many beds does your Project propose to operate at full capacity?

bed= Unique persons

25. What is the total requested budget amount for your Project?

26. Please provide the amount of match necessary for your proposed Project.

All CoC applicants must match 25% of the total requested amount of the proposed budget in either cash match, in-kind match, or a mixture of both. Match source agreements will need to be submitted with the final application.

27. Is your Agency applying for an additional Project? *

Mark only one oval.

- Yes
- No Skip to question 63.

2nd Project

28. What is the Name of this Project

29. For what type of CoC funding is your Project applying? *

Mark only one oval.

- Domestic Violence Bonus Funding
- Continuum of Care Bonus Funding

30. For which project component type does your Project intend to apply? *

Permanent Housing - Permanent Supportive Housing is an ineligible project component type under the Domestic Violence Bonus.

Mark only one oval.

- Permanent Housing - Permanent Supportive Housing
- Permanent Housing - Rapid Re Housing
- Joint Transitional Housing - Rapid Re Housing Component Type
- Supportive Services Only - Coordinated Entry

31. Will your Project prioritize a subpopulation for services? *

Mark only one oval.

- Youth Experiencing Homelessness (under 24)
- Domestic Violence Victims or Survivors
- Chronically Homeless Individuals and Families
- HIV/AIDs
- Mental Illness
- Families
- Veterans
- Other: _____

32. How many units does your Project propose to operate at full capacity?

33. How many beds does your Project propose to operate at full capacity?

34. What is the total requested budget amount for your Project?

35. Please provide the amount of match necessary for your proposed Project.

All CoC applicants must match 25% of the total requested amount of the proposed budget in either cash match, in-kind match, or a mixture of both. Match source agreements will need to be submitted with the final application.

36. Is your Agency applying for an additional Project? *

Mark only one oval.

- Yes
- No Skip to question 63.

3rd Project

37. What is the Name of this Project

38. For what type of CoC funding is your Project applying? *

Mark only one oval.

- Domestic Violence Bonus Funding
- Continuum of Care Bonus Funding
- I don't know

39. For which project component type does your Project intend to apply? *

Permanent Housing - Permanent Supportive Housing is an ineligible project component type under the Domestic Violence Bonus.

Mark only one oval.

- Permanent Housing - Permanent Supportive Housing
- Permanent Housing - Rapid Re Housing
- Joint Transitional Housing - Rapid Re Housing Component Type
- Supportive Services Only - Coordinated Entry

40. Will your Project prioritize a subpopulation for services? **Mark only one oval.*

- Youth Experiencing Homelessness (under 24)
- Domestic Violence Victims or Survivors
- Chronically Homeless Individuals and Families
- HIV/AIDs
- Mental Illness
- Families
- Veterans
- Other: _____

41. How many units does your Project propose to operate at full capacity?

42. How many beds does your Project propose to operate at full capacity?

43. What is the total requested budget amount for your Project?

44. Please provide the amount of match necessary for your proposed Project.

All CoC applicants must match 25% of the total requested amount of the proposed budget in either cash match, in-kind match, or a mixture of both. Match source agreements will need to be submitted with the final application.

45. Is your Agency applying for an additional Project? **Mark only one oval.*

- Yes
- No *Skip to question 63.*

4th Project**46. What is the Name of this Project**

47. For what type of CoC funding is your Project applying? *

Mark only one oval.

- Domestic Violence Bonus Funding
- Continuum of Care Bonus Funding
- I don't know

48. For which project component type does your Project intend to apply? *

Permanent Housing - Permanent Supportive Housing is an ineligible project component type under the Domestic Violence Bonus.

Mark only one oval.

- Permanent Housing - Permanent Supportive Housing
- Permanent Housing - Rapid Re Housing
- Joint Transitional Housing - Rapid Re Housing Component Type
- Supportive Services Only - Coordinated Entry

49. Will your Project prioritize a subpopulation for services? *

Mark only one oval.

- Youth Experiencing Homelessness (under 24)
- Domestic Violence Victims or Survivors
- Chronically Homeless Individuals and Families
- HIV/AIDs
- Mental Illness
- Families
- Veterans
- Other: _____

50. How many units does your Project propose to operate at full capacity?

51. How many beds does your Project propose to operate at full capacity?

52. What is the total requested budget amount for your Project?

53. Please provide the amount of match necessary for your proposed Project.

All CoC applicants must match 25% of the total requested amount of the proposed budget in either cash match, in-kind match, or a mixture of both. Match source agreements will need to be submitted with the final application.

54. Is your Agency applying for an additional Project? *

Mark only one oval.

- Yes
- No *Skip to question 63.*

5th Project

55. What is the Name of this Project

56. For what type of CoC funding is your Project applying? *

Mark only one oval.

- Domestic Violence Bonus Funding
- Continuum of Care Bonus Funding
- I don't know

57. For which project component type does your Project intend to apply? *

Permanent Housing - Permanent Supportive Housing is an ineligible project component type under the Domestic Violence Bonus.

Mark only one oval.

- Permanent Housing - Permanent Supportive Housing
- Permanent Housing - Rapid Re Housing
- Joint Transitional Housing - Rapid Re Housing Component Type
- Supportive Services Only - Coordinated Entry

58. Will your Project prioritize a subpopulation for services? *

Mark only one oval.

- Youth Experiencing Homelessness (under 24)
- Domestic Violence Victims or Survivors
- Chronically Homeless Individuals and Families
- HIV/AIDs
- Mental Illness
- Families
- Veterans
- Other: _____

59. **How many units does your Project propose to operate at full capacity?**

60. **How many beds does your Project propose to operate at full capacity?**

61. **What is the total requested budget amount for your Project?**

62. **Please provide the amount of match necessary for your proposed Project.**

All CoC applicants must match 25% of the total requested amount of the proposed budget in either cash match, in-kind match, or a mixture of both. Match source agreements will need to be submitted with the final application.

63. **Does your Agency currently operate a CoC Project? ***

Mark only one oval.

- Yes *Skip to question 63.*
- No *Stop filling out this form.*

Stop filling out this form.

Renewals and New Funding

64. **Does your Agency currently operate a CoC funded Project? ***

Does your organization currently operate a CoC Project that was renewed or awarded during the FY18 CoC Competition? If you answer "Yes" the form will take you to the section which allows you to declare your intentions concerning your Renewal Project(s). If you do not currently operate a CoC funded Project, answering "No" will enable you to submit the form.

Mark only one oval.

- Yes *Skip to question 64.*
- No *Stop filling out this form.*

Stop filling out this form.

Renewal Project

Please complete this section if your Agency intends to renew its existing Continuum of Care Project with no changes, or if your Agency is not renewing any projects and wishes to relinquish a prior CoC Program Award.

65. What is the name of your Renewal Project as listed on the FY19 GIW? *

the FY 2019 GIW can be found here:

https://www.hudexchange.info/programs/coc/coc-giw-reports/?filter_Year=&filter_State=TX&filter_CoC=TX-607&program=CoC&group=GIW

66. What is the total Budget of this Renewal Project, as listed on the FY2019 GIW? *

67. Does your Agency intend to submit a renewal application for this Project? *

Mark only one oval.

- Yes
 No

68. Does your Agency operate another CoC funded project? *

Mark only one oval.

- Yes
 No *Stop filling out this form.*

Skip to question 68.

Renewal Project #2

Please complete this section if your Agency intends to renew its existing Continuum of Care Project with no changes, or if your Agency is not renewing any projects and wishes to relinquish a prior CoC Program Award.

69. What is the name of your Renewal Project as listed on the FY19 GIW? *

the FY 2019 GIW can be found here:

https://www.hudexchange.info/programs/coc/coc-giw-reports/?filter_Year=&filter_State=TX&filter_CoC=TX-607&program=CoC&group=GIW

70. What is the total Budget of this Renewal Project, as listed on the FY2019 GIW? *

71. Does your Agency intend to submit a renewal application for this Project? *

Mark only one oval.

- Yes
 No

72. Does your Agency operate another CoC funded project?

Mark only one oval.

- Yes
- No *Stop filling out this form.*

Skip to question 68.

Renewal Project #3

Please complete this section if your Agency intends to renew its existing Continuum of Care Project with no changes, or if your Agency is not renewing any projects and wishes to relinquish a prior CoC Program Award.

73. What is the name of your Renewal Project as listed on the FY19 GIW? *

the FY 2019 GIW can be found here:

https://www.hudexchange.info/programs/coc/coc-giw-reports/?filter_Year=&filter_State=TX&filter_CoC=TX-607&program=CoC&group=GIW

74. What is the total Budget of this Renewal Project, as listed on the FY2019 GIW? *

75. Does your Agency intend to submit a renewal application for this Project? *

Mark only one oval.

- Yes
- No

Stop filling out this form.

It seems like you may have some questions concerning the Continuum of Care application process, or some of your selection are inconsistent with the FY 2019 CoC NOFA.

Please contact Andrew Willard, CoC Performance Coordinator, at (512) 596-3320 or andrew@thn.org for support.

A copy of your responses will be emailed to the address you provided

Powered by

