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| Balance of State 2024 Continuum of Care Proposal Outline (Intent to Apply)\*\* **CoC Builds** Georgia Department of Community Affairs Applicants may submit only one project for consideration. **DUE by 9/20/24**)  Email completed form(s) to John Stovall at [john.stovall@dca.ga.gov](mailto:john.stovall@dca.ga.gov). A confirmation email will be sent upon receipt. | |
| |  |  |  | | --- | --- | --- | | Applicant Entity Name:  Contact Person:  E-mail Address:  Telephone Number:  UEI Number: |  | Address Line 1:  Address Line 2:  City:      State:      Zip Code:  Fax Number:  SAM Registration: | | |
| **Applicant Entity is a:**  Nonprofit 501(c)(3)  Public Housing Authority  Other: | Please list any partner organizations involved in this project: Developer:  Property Manager:  Service Provider:  Housing Authority:  Other: |
| Project Name:  **Project Type**:  New Const.  Rehab Acquisition  **Project Location** **(City, County)**:  **Has site control been secured?**  Yes  No Is this an adaptive reuse project?  Yes  NoTotal Number of Units: **Number of PSH Units:**  **Number of Affordable, non-PSH Units:**  **Number of Market Rate Units:** | Leveraging & Funding source(s) for the match requirement is already established (REQUIRED).  Yes  No **Total match amount available:** |
| **Population(s) to be served:**  Chronically homeless  SPMI  Homeless Youth/Young Adults  Substance Use  IDD  Homeless Families with Children  Other | Total CoC Builds funding requested:  Amount requested for Acquisition:  Amount requested for New Construction:  Amount requested for Rehab:  Amount requested for PBRA:  Amount requested for Supportive Services:  Amount requested for Operations:  Amount requested for Admin: |
| **Indicate the Grant Term for which you will be applying:**  **Two years:**  **Three years:**  **Four years:**  **Five years:** | **List all other funding sources secured for the project:**   |  |  |  |  | | --- | --- | --- | --- | | **LIHTC** |  | **Amount** |  | | **NHTF** |  | **Amount** |  | | **HOME** |  | **Amount** |  | | **HOME-ARP** |  | **Amount** |  | | **Project-Based Rental Assistance** |  | **Amount** |  | | **Local gvt funding** |  | **Amount** |  | | **Other** |  | **Amount** |  | |
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| In a separate Word document, please provide a narrative about how the project will meet each of the following. The narrative should be no longer than 2 pages, single-spaced, Times New Roman, 12pt font.  * Project will meet the Project Eligibility Requirements of the CoC Builds Notice of Funding Opportunity including:   + Reduce Homelessness: Prioritizing individuals and families experiencing homelessness where at least one individual in the household has a disability   + Ensure Access to and Increase the Production of Affordable Housing   + Increase the Supply of Housing   + Advance Sustainable Communities   + Strengthen Environmental Justice   + Integrate Health and Housing   + Number of Units (if any) Located on Tribal Reservations or Trust Lands * Demonstrate that the applicant, developer, and relevant subrecipients have sufficient experience to complete the project. HUD will provide maximum points to developer teams with at least four other projects that have a similar scope and scale as the proposed project. * Demonstrate that your organization and that your proposed subrecipients have experience administering programs for individuals and families experiencing homelessness where one member of the household has a disability. * Recipients will spend funding in a timely fashion, drawing project funds on a quarterly basis at minimum * Recipients will complete all reporting requirements as required by HUD according to established due dates | |
| **Georgia Balance of State Continuum of Care requirements:**  By submitting this Notice of Intent, applicants acknowledge:   * Recipients will participate in the Georgia BoS CoC designated Homeless Management Information System * Recipients will participate in the Georgia BoS CoC Coordinated Entry system * Recipients will participate in the annual Housing Inventory Count * Recipients will complete all Georgia BoS CoC reporting requirements as required according to established due dates * Comply with the Georgia BoS CoC monitoring process   \*\*Please note, applications proposing projects in the following jurisdictions are NOT ELIGIBLE to be submitted under the Balance of State’s Continuum of Care application: Atlanta, Fulton County, DeKalb County, Cobb County, Columbus/Muscogee County, Augusta/Richmond County, Athens/Clarke County, and Savannah/Chatham County. To submit an application in one of the listed jurisdictions, you MUST contact the appropriate Continuum of Care jurisdiction for information. | |