

## 2024 Continuum of Care (CoC) Competition Notice of Intent – Rapid Rehousing or Joint Transitional-Rapid Rehousing

Name of Organization: Click or tap here to enter text.

Organization Type: Click or tap here to enter text.

Address: Click or tap here to enter text.

City State Zip Code: Click or tap here to enter text.
UEI Number: Click or tap here to enter text.

Contact Name & Title: Click or tap here to enter text.
Contact Phone: Click or tap here to enter text.
Contact Email: Click or tap here to enter text.

Name of Subrecipient Organization (if applicable): Click or tap here to enter text.

Organization Type: Click or tap here to enter text.

Address: Click or tap here to enter text.

City State Zip Code: Click or tap here to enter text.
UEI Number: Click or tap here to enter text.

Contact Name & Title: Click or tap here to enter text.
Contact Phone: Click or tap here to enter text.
Contact Email: Click or tap here to enter text.

Please indicate the bonus funding opportunity for which this Notice of Intent is written. If applying for multiple funding opportunities, please submit a separate Notice of Intent for each.

**Indicate Bonus Opportunity** 

Please indicate the project type for which this notice was written, RRH or Joint TH-RRH. If applying for multiple project types, please submit a separate Notice of Intent for each.

**Indicate Project Type** 

1.	Describe the applicant(s) experience and capacity delivering homeless assistance services in the City of Alexandria or in the Northern Virginia Region:  Click or tap here to enter text.
2.	Describe the applicant(s) experience and general philosophy in the operation of RRH or other short-term rental assistance programs in the City of Alexandria or the Northern Virginia Region:  Click or tap here to enter text.
3.	Describe the applicant(s) experience utilizing federal funds including HUD-CoC and Virginia Housing Solutions Program (VHSP) Funds. Note if applicant(s) had any findings in a audit by HUD or Virginia DHCD:  Click or tap here to enter text.
4.	Has the applicant(s) returned any funds to HUD or Virginia DHCD on existing grants in the last 2 years?  Yes No If yes, what amount and why? Click or tap here to enter text.
5.	If awarded, does the applicant commit to operating the program through FY25?  ☐ Yes ☐ No
RRH or	Joint TH/RRH Project Description
1.	Does the applicant commit to serving clients in RRH or Joint TH-RRH according to the City's housing prioritization standards, as broadcast weekly in the Shelter By-Names List?  Yes  No
2.	Does the applicant commit to maintain organizational representation on the CoC's Data Committee, Housing Crisis Response Committee, and Gaps & Needs Committee?  Yes No

3.	Describe the full scope of the proposed project. Include the target population, the projected number of clients served at maximum capacity, and the services offered to clients from enrollment to movie-in and through permanent exit:  Click or tap here to enter text.
4.	Describe the program's process and timeline for engaging with households at each of the City's emergency shelters (including DV shelter) once they have been prioritized for services:  Click or tap here to enter text.
5.	Describe the application of housing location services including client assistance and advocacy, as well as landlord recruitment and retention strategies:  Click or tap here to enter text.
6.	Describe the budgeting process for administering declining rental subsidies to households with varied needs, including the timeline for review, and criteria utilized to modify or terminate subsidies:  Click or tap here to enter text.
7.	Describe the application of housing stabilization services including community case management, connection to mainstream resources, and strategies for housing retention:  Click or tap here to enter text.
8.	Demonstrate how the proposed program will the "Project Eligibility and Project Quality Threshold" requirements outlined in the FY24 NOFO (p. 59-64) for RRH or Joint TH/RRH: Click or tap here to enter text.

## RRH or Joint TH/RRH Program Budget

1. In the table below indicate the total amount of funding the applicant(s) is requesting for the proposed program and project how much will be spent on each eligible line item:

Acquisition	Click or tap here to enter text.
Rehabilitation	Click or tap here to enter text.
Construction	Click or tap here to enter text.
Leasing	Click or tap here to enter text.
Rental Assistance	Click or tap here to enter text.
Supportive Services	Click or tap here to enter text.
Operating Costs	Click or tap here to enter text.
Administrative Costs	Click or tap here to enter text.
Total	Click or tap here to enter text.

## **DV-Bonus Specific Questions**

- 1. If applying for Bonus funding to serve survivors of Domestic Violence, please describe the service need targeted by the proposal using relevant local data. Include how the project will address it:

  Click or tap here to enter text.
- If applying for Bonus funding to serve survivors of Domestic Violence, please describe the applicant's process and experience for stabilizing DV Survivors in safe and permanent housing:
   Click or tap here to enter text.
- 3. If applying for Bonus funding to serve survivors of Domestic Violence, please describe the applicant's process and experience meeting survivors' service needs:
  Click or tap here to enter text.
- 4. If applying for Bonus funding to serve survivors of Domestic Violence, please describe the applicant's experience applying Trauma-Informed, Survivor-Centered approaches to house DV Survivors:

  Click or tap here to enter text.
- 5. If applying for Bonus funding to serve survivors of Domestic Violence, please describe the applicants plan for involving Survivors in policy development and evaluation of the new project:

Click or tap here to enter text.