IMPERIAL COUNTY DEPARTMENT OF SOCIAL SERVICES IN COLLABORATION WITH IMPERIAL VALLEY CONTINUUM OF CARE COUNCIL (IVCCC)

Notice of Intent to Submit a
FY 2026 CoC Program Competition Application for New or Renewal Projects

The Imperial County Department of Social Services (ICDSS), as the Collaborative Applicant for the FY 2026 CoC Program Competition, is requesting that interested agencies declare their intent to submit a Domestic Violence (DV) Bonus Project, CoC Bonus Project, Expansion Project, or Renewal Project application for the 2026 CoC Program Competition. Applicants will be required to submit a formal application through e-snaps. Intent forms are non-binding and can be withdrawn at a later date.

Interested applicants should refer to the HUD issued FY 2026 CoC Program Competition NOFO released on June 1, 2026, for additional details regarding all of these components.

Organizations that wish to submit one or more project applications should complete and submit this form **no later than July 17, 2026,** at **4:00 p.m**. via email at: ivcccinquiries@co.imperial.ca.us. One form for each project must be submitted.

Applicant Information:

Agency/Organization Name:	_____
UEI:	_____
Address:	_____
Primary Contact Name:	_____
Phone Number:	_____
Email Address:	_____
Type of Agency/ Organization Applying:	☐Non-profit organization ☐State or local government, instrumentalities of state and local governments ☐Public housing agency ☐Indian Tribes, Tribally Designated Housing Entities (TDHEs) as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996

PROJECT INTENT:

Funding Category: (Select One Only)	
☐New DV Bonus Project ☐CoC Bonus Project ☐Expansion Project ☐Renewal Project ☐Transition Project	
Project Name:	
Project Type: (Select One Only)	
☐Joint Transitional Housing and Permanent Rapid Rehousing (renewal only) ☐Transitional Housing ☐Permanent Housing - Rapid Rehousing ☐Permanent Housing - Permanent Supportive Housing (reallocation project only) ☐Supportive Services Only (CE, Street Outreach, or Standalone) ☐Homeless Management Information System (HMIS)	
Population(s) expected to be served through this project: (may check more than one)	
☐Chronically Homeless ☐Domestic Violence Victims/Families ☐Youth ☐Veterans ☐Other: _____	
HUD Funds Request:	**$**
Agency Match Amount:	**$**
For Renewal Projects Only:	
☐ Retain: Apply to retain the eligible renewal project without changes. ☐ Voluntary reallocation: Reallocate some or all of the funds for the project. Amount to reallocate $_____	
Brief Description of Project:	

I certify, on behalf of my agency, that all information contained in this form is accurate and true, based on our current records for the project. I understand that agencies not submitting their letter of Intent for their projects by the deadline may be reallocated.

Authorized Signature:_____ **Date:**_____

Print Name:_____ **Title:** _____