



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



**Notice of Intent to Submit a
FY 2024 and FY 2025 CoC Program Competition Application for
New or Renewal Projects**

The Imperial County Department of Social Services (ICDSS), as the Collaborative Applicant for the FY 2024 and FY 2025 CoC Program Competition, is requesting that interested agencies declare their intent to submit a Domestic Violence (DV) Bonus Project, CoC Bonus Project, Expansion Project, Reallocation Project or Renewal Project application for the 2024 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 Intent forms are non-binding and can be withdrawn at a later date.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 2024 and FY 2025 CoC Program Competition NOFO released on July 31, 2024, 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 September 12, 2024, 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:	<input type="checkbox"/> Non-profit organization <input type="checkbox"/> State or local government, instrumentalities of state and local governments <input type="checkbox"/> Public housing agency <input type="checkbox"/> 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)	
<input type="checkbox"/> New DV Bonus Project <input type="checkbox"/> CoC Bonus Project <input type="checkbox"/> Expansion Project <input type="checkbox"/> Reallocation Project <input type="checkbox"/> Renewal Project	
Project Name:	
Project Type: (Select One Only)	
<input type="checkbox"/> Joint Transitional Housing and Permanent Rapid Rehousing <input type="checkbox"/> Permanent Housing - Rapid Rehousing <input type="checkbox"/> Permanent Housing - Permanent Supportive Housing (reallocation project only) <input type="checkbox"/> Supportive Services (CES projects only) <input type="checkbox"/> Homeless Management Information System (HMIS)	
Population(s) expected to be served through this project: (may check more than one)	
<input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Domestic Violence Victims/Families <input type="checkbox"/> Youth <input type="checkbox"/> Veterans <input type="checkbox"/> Other: _____	
HUD Funds Request:	\$ _____
Agency Match Amount:	\$ _____
For Renewal Projects Only:	
<input type="checkbox"/> Retain: Apply to retain the eligible renewal project without changes. <input type="checkbox"/> 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:** _____