



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



**NOTICE OF INTENT TO SUBMIT A
2023 COC PROGRAM COMPETITION NEW OR RENEWAL
PROJECT APPLICATION**

DUE: August 11, 2023, 4:00 p.m.

The Imperial County Department of Social Services (ICDSS), as the Collaborative Applicant for the 2023 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 2023 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 Intent forms are non-binding and can be withdrawn at a later date.

Organizations that wish to submit one or more project applications should complete and submit this form **no later than August 11, 2023** at 4:00 p.m. via email at: ivcccinquiries@co.imperial.ca.us. One form for each project must be submitted.

APPLICANT:

Legal Name:	_____
EIN:	_____
UEI #:	_____
Address:	_____
Point of Contact (POC):	_____
POC Phone Number:	_____
POC Email:	_____

PROJECT INTENT:

<p>Funding Category: (Select One Only)</p>	<p><input type="checkbox"/> New DV Bonus Project</p> <p><input type="checkbox"/> CoC Bonus Project</p> <p><input type="checkbox"/> Expansion Project</p> <p><input type="checkbox"/> Reallocation Project</p> <p><input type="checkbox"/> Renewal Project</p>
<p>Project Name:</p>	
<p>Project Type: (Select One Only)</p>	<p><input type="checkbox"/> Joint Transitional Housing and Permanent Rapid Rehousing</p> <p><input type="checkbox"/> Permanent Housing - Rapid Rehousing</p> <p><input type="checkbox"/> Permanent Housing - Permanent Supportive Housing (reallocation project only)</p> <p><input type="checkbox"/> Supportive Services (CES projects only)</p> <p><input type="checkbox"/> Homeless Management Information System (HMIS)</p>
<p>Target Client Group (s):</p>	<p><input type="checkbox"/> Chronically Homeless</p> <p><input type="checkbox"/> Domestic Violence Victims/Families</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Veterans</p> <p><input type="checkbox"/> Other</p>
<p>HUD Funds Request:</p>	<p>\$</p>
<p>Agency Match Amount:</p>	<p>\$</p>
<p>Any Renewal Project Type</p>	<p><input type="checkbox"/> Retain: Apply to retain the eligible renewal project without changes.</p> <p><input type="checkbox"/> Voluntary reallocation: Reallocate some or all of the funds for the project.</p> <p style="text-align: center;">Amount to reallocate \$ _____</p>

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:** _____