



2022 CoC NOFO Renewal Application
Letter of Intent / Project Summary

Organization		Project Name	
Address of Organization		Address of Project	
Contact Person		Title & Phone	
UEI #		SAM Expiration Date	
TAX ID #		Funding Requested <u>Must Match</u> <u>GIW</u>	\$

Please See the [2022 Continuum of Care Notice of Funding Availability](#)

Type of Renewal Programs Allowed: (check applicable project activities)

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- SSO for Centralized Intake
- HMIS

DedicatedPLUS

Please indicate your organization's preference (PSH Only)

- PSH Renewal will serve eligible persons as defined under the current grant agreement
- PSH Renewal will serve persons who meet the definition of dedicatedPLUS
- PSH Renewal will serve persons experiencing chronic homelessness at the time they initially enroll

Will you be requesting to Consolidate Renewal Projects during the 2022 NOFO?

- Yes
- No

If YES, please identify the projects which will be requested for consolidation:

Name of Projects to be Consolidated	Renewal Project Grant Number

Bed Configuration (RRH programs should be an estimate of persons to be served in the operating year)

Households with Children

<i># of Beds</i>	<i># of Units</i>

Households without Children

<i># of Beds</i>	<i># of Units</i>

Total Beds: _____ Total Units: _____

For RRH programs, did the program meet the projected estimate of persons to be served in the previous grant year? If NO, provide explanation.

Did you spend all your HUD money last operating year? YES NO

If NO, how much money was recaptured by HUD \$ _____

If NO, provide explanation.

Does your program force families persons who present together for assistance regardless of marital status, actual or perceived sexual orientation, or gender identity) to separate as part of admission? YES NO

If YES, please explain:

Does your program accept unaccompanied youth under the age of 18? YES NO

If NO, where are they referred?

Does your program accept youth ages 18 - 24? YES NO

Does your program prioritize youth up to age 24? YES NO

If YES, what is your process for prioritization?

Does your program use the ABE (Illinois consolidated application for entitlement benefits) with all your participants? YES NO

If NO explain:

Has your organization executed a Memorandum of Understanding with the Continuum to participate in Coordinated Entry? YES NO

If NO explain:

Please identify, by name, the staff who serve as Coordinated Entry Trained Assessors:

NAME(S)

Provide the name(s) of your staff assigned as your program's homeless education liaison ensuring children are registered for school:

NAME(S)

Does your organization have SOAR (SSI/SSDI Outreach, Access and Recovery) trained staff? YES NO

If YES, provide the name(s) of the staff and the date of SOAR training:

NAME	DATE

Has this program been monitored by HUD over the last 18 months? YES NO

If, YES please attach copy of the HUD letter detailing the results of the monitoring visit.

Proposed Budget Line Items must match the [GIW](#)

\$ _____ Rental Assistance

\$ _____ Supportive Services

\$ _____ Operating
\$ _____ HMIS
\$ _____ Admin (max 7% of request)
\$ _____ *Match (minimum of 25% of request: eligible match is the non-HUD funds your organization uses to fund the program and/or the value of in-kind services used to support the program)
\$ _____ TOTAL BUDGET

* Please identify your **source(s)** and **amount(s)** of match dollars: _____

* Please identify the **source(s)** and **amount(s)** of in-kind services: _____

*Total number of persons to be served in a 12-month period: _____

Of this total: Adults _____ Children _____ Unaccompanied Youth _____

* Counties served by program: _____

Housing First

Does your program act in accordance to the Housing First model? YES NO

If NO, identify the service participation requirements or preconditions imposed by your program (income screening, case management requirements, etc.):

Consolidated Plan Alignment

Project is Consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.

- [Proposed Projects within Peoria City Limits](#)
- [Proposed Projects within Pekin City Limits](#)
- [All other Projects](#)

Please detail how the proposed projects will be consistent with the relevant Consolidated Plan.

Equity

In 2021, Home for All Continuum of Care adopted an equity framework (see [Equity Criteria](#)) to support the integration of equity forward initiatives within funded agencies. Please respond to the three questions below as they relate to your agency and the proposed program. *Please note that the Funding Subcommittee will review last year's responses to identify gains made between 2021 and 2022 competitions.*

1. Data Collection and Review: Please outline what actions the agency has undertaken to utilize data to inform internal decision-making for the agency (e.g. hiring practices) as well as programmatic decision-making (e.g. outcome disparities).

2. Cultural Recognition: Please describe how the agency is striving toward cultural recognition. Include policies or documented practices that support this effort.

3. Equity Statement: Please provide the agency's mission statement and/or equity statement that reflects the agency's commitment to equity.

DUE DATE: August 17, 2022; 5:00 pm

Return to Kate Green, Heart of Illinois United Way 509 W. High Street, Peoria, IL 61606 (notify Kate Green of physical drop off) or by email to kate.green@local.unitedway.org.