



2023 Continuum of Care (CoC) Competition Notice of Intent – Permanent Supportive Housing

Name of Organization:
Organization Type:
Address:
City State Zip Code:
DUNS Number:
Contact Name & Title:
Contact Phone:
Contact Email:

Name of Subrecipient Organization (if applicable):
Organization Type:
Address:
City State Zip Code:
DUNS Number:
Contact Name & Title:
Contact Phone:
Contact Email:

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.

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

Signature of Authorized Official: _____

Organizational Capacity

1. Describe the applicant(s) experience and capacity delivering homeless assistance services in the City of Alexandria or in the Northern Virginia Region:

2. Describe the applicant(s) experience and general philosophy in the operation of PSH or other long-term supportive living programs in the City of Alexandria or the Northern Virginia Region:

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:

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?

5. If awarded, does the applicant commit to operate in the program through FY25?
Yes
No

PSH Project Description

1. Does the applicant commit to serving clients in PSH according to the City's housing prioritization standards, as maintained on the CoC's Chronically Homeless 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 move-in to program exit:
4. Describe the program's process and timeline for filling vacant units including when an announcement is made, how referrals are processed, and what criteria influences final selection:
5. Describe the housing retention strategies applied in the program, including the process and parties responsible for liaising with landlords, property management or other entities to prevent eviction:
6. Describe the strategies to increase income or employment of program participants, including the process and parties responsible for connecting clients to eligible benefits and mainstream employment resources:
7. Describe the transition strategies for individuals currently living in PSH who no long need the intensive services associated with the program:
8. Demonstrate how the proposed program will the "Project Eligibility and Project Quality Threshold" requirements outlined in the FY23 NOFO (pg. 49) for PSH:

PSH 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	
Rehabilitation	
Construction	
Leasing	
Rental Assistance	
Supportive Services	
Operating Costs	
Administrative Costs	
Total	