



## 2024 Continuum of Care (CoC) Competition Notice of Intent – Permanent Supportive Housing

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Name of Organization: **Click or tap here to enter text.**

Organization Type: **Click or tap here to enter text.**

Address: **Click or tap here to enter text.**

City State Zip Code: **Click or tap here to enter text.**

UEI Number: **Click or tap here to enter text.**

Contact Name & Title: **Click or tap here to enter text.**

Contact Phone: **Click or tap here to enter text.**

Contact Email: **Click or tap here to enter text.**

Name of Subrecipient Organization (if applicable): **Click or tap here to enter text.**

Organization Type: **Click or tap here to enter text.**

Address: **Click or tap here to enter text.**

City State Zip Code: **Click or tap here to enter text.**

UEI Number: **Click or tap here to enter text.**

Contact Name & Title: **Click or tap here to enter text.**

Contact Phone: **Click or tap here to enter text.**

Contact Email: **Click or tap here to enter text.**

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.

**Indicate Bonus Opportunity**

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.

**Indicate Project Type**

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:

**Click or tap here to enter text.**

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:

**Click or tap here to enter text.**

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:

**Click or tap here to enter text.**

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?

**Click or tap here to enter text.**

5. If awarded, does the applicant commit to operate in the program through FY26?

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:  
**Click or tap here to enter text.**
  
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:  
**Click or tap here to enter text.**
  
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:  
**Click or tap here to enter text.**
  
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:  
**Click or tap here to enter text.**
  
7. Describe the transition strategies for individuals currently living in PSH who no long need the intensive services associated with the program:  
**Click or tap here to enter text.**
  
8. Demonstrate how the proposed program will the "Project Eligibility and Project Quality Threshold" requirements outlined in the FY24 NOFO (p. 59-64) for PSH:  
**Click or tap here to enter text.**

## 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          | <b>Click or tap here to enter text.</b> |
| Rehabilitation       | <b>Click or tap here to enter text.</b> |
| Construction         | <b>Click or tap here to enter text.</b> |
| Leasing              | <b>Click or tap here to enter text.</b> |
| Rental Assistance    | <b>Click or tap here to enter text.</b> |
| Supportive Services  | <b>Click or tap here to enter text.</b> |
| Operating Costs      | <b>Click or tap here to enter text.</b> |
| Administrative Costs | <b>Click or tap here to enter text.</b> |
| <b>Total</b>         | <b>Click or tap here to enter text.</b> |