



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



**NOTICE OF INTENT TO SUBMIT A
2019 COC PROGRAM COMPETITION RENEWAL APPLICATION**

DUE: FRIDAY, AUGUST 16, 2019

The Imperial County Department of Social Services (ICDSS), as the Collaborative Applicant for the 2019 CoC Program Competition, is requiring that interested agencies declare their intent to submit a renewal application for 2019 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 Intent forms are non-binding and can be withdrawn at a later date.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 renewal applications must submit this form **no later than August 16, 2019** to Isaen Equihua, Administrative Analyst via email at: isaenequihua@co.imperial.ca.us. For any questions, please contact (760) 337-6827.

APPLICANT:

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

PROJECT INTENT:

Funding Category:	<input type="checkbox"/> Renewal <input type="checkbox"/> CoC Bonus <input type="checkbox"/> DV Bonus
Project Name:	
Project Type:	<input type="checkbox"/> HMIS <input type="checkbox"/> Joint TH-RRH Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Supportive Services (CES only) <input type="checkbox"/> Transitional Housing (renewal only)
Target Client Group (s):	<input type="checkbox"/> Chronically homeless <input type="checkbox"/> Domestic Violence Victims/Families <input type="checkbox"/> Youth <input type="checkbox"/> Veterans
HUD Funds Request:	\$
Agency Match Amount:	\$
Any Renewal Project Type	<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. <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:** _____