2018 Continuum of Care (CoC) Competition – Bonus Project Funding
NOTICE OF INTENT

Name of Organization
Address
City, State, Zip Code
Telephone Number
Fax Number
Point of Contact
Point of Contact Email

1. Does this organization have the financial & management capacity to carry out the proposed program?
   • Yes ☐ No ☐

2. Is this organization able and willing to participate in the City of Alexandria’s Homeless Management Information System (HMIS)?
   • Yes ☐ No ☐

3. Indicate the HUD CoC Bonus Funding opportunity the organization will be applying for in the FY18 CoC Program Competition:
   • HUD-CoC Bonus ☐
   • Domestic Violence Bonus ☐

4. Indicate the available Bonus Project type the organization is proposing for in the FY18 CoC Program Competition:
   • Permanent Supportive Housing ☐
   • Rapid Rehousing ☐
5. Demonstrate the organization’s past experience with HUD-CoC Program funding including a brief description of the HUD-CoC Program(s) the organization is involved with:
   - Other HUD-CoC Programs

6. In the table below indicate the total amount of funding the organization is requesting for the proposed program, and project how much will be spent on each eligible budget line item:

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Total Funding Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACQUISITION</td>
<td>Projected Acquisition Funding</td>
</tr>
<tr>
<td>REHABILITATION</td>
<td>Projected Rehabilitation Funding</td>
</tr>
<tr>
<td>CONSTRUCTION</td>
<td>Projected Construction Funding</td>
</tr>
<tr>
<td>LEASING</td>
<td>Projected Leasing Funding</td>
</tr>
<tr>
<td>RENTAL ASSISTANCE</td>
<td>Projected Rental Assistance Funding</td>
</tr>
<tr>
<td>SUPPORTIVE SERVICES</td>
<td>Projected Supportive Services Funding</td>
</tr>
<tr>
<td>OPERATING COSTS</td>
<td>Projected Operating Costs Funding</td>
</tr>
<tr>
<td>ADMINISTRATIVE COSTS</td>
<td>Projected Administrative Costs Funding</td>
</tr>
</tbody>
</table>

7. In the table below project the amount of match and leveraging that will be supplied to the proposed program, including the anticipated source of those dollars:

<table>
<thead>
<tr>
<th>MATCH</th>
<th>Projected Match Amount</th>
<th>Projected Match Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVERAGING</td>
<td>Projected Leveraging Amount</td>
<td>Projected Leveraging Source</td>
</tr>
</tbody>
</table>

8. Narrate the specifics of the proposed program including the type and number of units utilized (i.e. scattered site, 1 bedroom, 2 bedrooms, etc.), the type and number of households served (i.e. singles, families, specific subpopulations, etc.), and the benefit of services provided (i.e. obtain/maintain housing stability, formal process for connection to mainstream benefits, etc.):
   - Program Narrative
9. Demonstrate how the proposed program intends to meet the “Project Eligibility and Project Quality Threshold” requirements as seen in the FY18 NOFA (p. 33-35) for its specific program type:
   - Project Quality Threshold

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**DV-Bonus Specific Questions**

10. If applying for Bonus funding to serve survivors of Domestic Violence, please describe the processes and staff persons responsible for accepting referrals from the Alexandria Domestic Violence Program Shelter:
   - DV Shelter Referrals

11. If applying for DV Bonus funding to serve survivors of Domestic Violence, please describe the community need for the project using relevant system data:
   - DV Service Needs