



**2019 Continuum of Care
INTENT TO APPLY FOR NEW or EXPANDED PROJECTS FORM**

IMPORTANT

This form should be completed for all new projects or projects created in order to expand the amount of funding for existing renewal projects.

A separate document—*2019 Intent to Apply for New/Expanded Project Instructions*—is available on the KHC website under Specialized Housing, Continuum of Care, [2019 CoC Competition](#) with more detailed information about eligible new projects and expansion projects. Please refer to that document as well as the [2019 CoC NOFA](#) prior to completing this form.

Directions: Please complete this form and email it to Shaye Rabold at srabold@kyhousing.org by **Wednesday, August 7, 2019.**

1. Name of Agency:

2. Name of Proposed New or Expanded Project:

3. Is the new project an expansion of an eligible CoC renewal project: Yes No

4. If yes, please list the grant number for the project you are expanding.

5. Is your project applying as a DV Bonus project? Yes No

6. Project Type (Select one):

Permanent Supportive Housing (PSH) (Not eligible for DV Bonus)

Rapid Rehousing (RRH)

Joint Transitional Housing (TH) and RRH

Supportive Services Only for Coordinated Entry (SSO-CE)

7. **Project Description (In the space below, please provide a brief description of your project, including the county or counties that will be served through the new or expanded project, any target populations, any organizations that will be subrecipients of these funds, and why the specific project is needed)**

8. **Please complete the budget chart below for the component type you are proposing. You will be allowed to modify your budget after submitting this form if needed. Please note that a 25% match of your request is required.**

PERMANENT SUPPORTIVE HOUSING BUDGET:

Activity	Request
New construction, rehab, or acquisition*	
Operating Costs	
Leasing	
Rental Assistance	
Services	
HMIS	
Administration (Up to 10% of subtotal of categories above)	
Total CoC Request	

RAPID REHOUSING BUDGET:

Activity	Request
Rental Assistance	
Services	
HMIS	
Administration (Up to 10% of subtotal of categories above)	
Total CoC Request	

JOINT TRANSITIONAL HOUSING/RAPID REHOUSING BUDGET

Activity	Request
New construction, rehab, or acquisition*	
Leasing	
Transitional Housing Operating Costs	
Rental Assistance	
Supportive Services	
HMIS	
Administration (Up to 10% of subtotal of categories above)	
Total CoC Request	

SUPPORTIVE SERVICES ONLY FOR COORDINATED ENTRY BUDGET

Activity	Request
Supportive Services	
HMIS	
Administration (Up to 10% of subtotal from categories above)	
Total CoC Request	

***Note: Projects requesting funds for new construction, rehabilitation, or acquisition are discouraged and may not compete as well as projects not requesting these types of expenses in the local CoC scoring competition.**