



**2023 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.

Please refer to the [FY2023 CoC Notice of Funding Opportunity \(NOFO\)](#) prior to completing this form.

**NOTE:** Per the 2023 Continuum of Care (CoC) Program Local Competitive Application Scoring, Ranking, and Reallocation Process approved by the KY BoS Advisory Board on August 7, 2023, the KY BoS will **ONLY** accept entirely new projects and expansion of existing renewal projects for Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH) Projects. Please read the full policy and process document located on KHC's [2023 CoC Annual Competition Notice of Funding Opportunity](#) page for more information on eligible new and expansion project requirements in the 2023 competition.

**Directions:** Please complete this form and email it to Kenzie Strubank at [kstrubank@kyhousing.org](mailto:kstrubank@kyhousing.org) by **Wednesday, August 16, 2023.**

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. Project Type (Select one):

Permanent Supportive Housing (PSH)

Rapid Rehousing (RRH)

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

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7. **Please identify the specific population focus for your project. (Select ALL that apply).**

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
N/A	<input type="checkbox"/>	Other	<input type="checkbox"/>

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
Operating Costs	
Leasing	
Rental Assistance	
Services	
HMIS	
Administration (Up to 10% of subtotal of categories above)	
<b>Total CoC Request</b>	

**RAPID REHOUSING BUDGET:**

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