

Central Florida Continuum of Care (FL-507)

Notification of Intent

Agency: _____

Contact Person (if more than one, please submit information on a separate page)

Name: _____

Title: _____

Email: _____

Phone: _____

APPLICATION TYPE

- Renewal
- New project, but replacing a renewal
- New project combining more than one renewal
- New project

PROJECT TYPE

Our agency intends to submit a project application (new or renewal) **for** (check one)

- Rapid ReHousing
- Permanent Supportive Housing
- Services Only
- Please specify type of services _____
- Transitional Housing
- Licensed Substance Abuse Transitional Housing
- Not totally sure, but we think it will be _____

(If you intend to apply for more than one project, please submit a separate form for each project)

TARGETING

This project will have the following target population(s) (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Chronically homeless individuals or families | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Unaccompanied Youth/Youth under age 25 | <input type="checkbox"/> Families |
| <input type="checkbox"/> Unaccompanied women | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> No specific target population |

Other Target Population: _____

BUDGET

We anticipate that our total budget will be: \$ _____

Of that, we will likely request the following amounts, by category

Category	Amount
Rent Assistance	\$
Leasing: Units (apartments, etc.)	\$
Leasing: Structure	\$
Supportive Services	\$
Operating Costs	\$
HMIS – Costs for YOUR agency to participate in HMIS	\$
Coordinated Assessment – Costs for YOUR agency to participate in Coordinated Assessment	\$
Not sure what to call it, can we discuss?	\$
TOTAL	\$

If you aren't sure about the differences between these categories, please see the attached document –

HUD Funding Categories Summary