**2024 CoC Builds – Interest Form**

**Interest Forms MUST be submitted by 3:00 PM on**

**Friday, October 25, 2024 via email to WeikelL@thhi.org**

**Applicant Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UEI #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Tax ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person Name and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CEO/Executive Director Name and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CoC Builds - Interest Form Questionnaire**

1. Briefly describe the project you would like considered for the CoC Builds application
	1. Is this project for acquisition, new construction, or rehabilitation?
		1. New Construction – date construction has or will begin and end, and date property will be available for move-in.
		2. Acquisition – date property was or will be acquired.
		3. Rehabilitation – dates rehabilitation of the property will begin and end.
	2. Projected Number of new permanent supportive housing units will the project add in our community?
	3. Proposed location of the project?
	4. Does your agency have site control (Yes or No)? If no, when would site control be achieved?
	5. Does your agency have a completed environmental review (Yes or No)? If no, when would a completed environmental review be achieved?
	6. Estimated Project Cost
	7. Estimated CoC Builds Funding to be used on this project (Max: $7,500,000)
	8. Proposed Grant Term (between 2 and 5 years)?
2. Briefly describe the agency’s experience in developing/managing permanent housing for persons exiting homelessness.
3. Briefly describe the agency’s experience in acquisition and construction and list any current or previous projects that your organization has completed or working to complete.
4. How will the agency ensure the residents of these new units will receive appropriate supportive services?
5. How will the project align with the CoC’s Coordinated Entry system and HMIS?

**Certification:** I certify that the information contained in this interest form is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed project, and that no action will be taken prior to issuance of official authorization to proceed by THHI. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Signature of Authorized Official Printed/Typed Name of Authorized Official

Title of Authorized official Date Signed