Notice of Intent: Applicant will NOT be Submitting an Application for the Renewal of Project(s)

FY 2021 Georgia Balance of State Continuum of Care

**Please complete the entire form and complete only one form per agency**. Please **submit this document along with a letter from the Renewal Applicant (on agency letterhead) by email as soon as possible to Tina Moore at** **BosMonitoring@dca.ga.gov****.** Call (404) 327-6870 with any questions.

**Section 1. Agency and Grant Information**

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| **Legal Grant Recipient:** **Georgia Housing FInance Authority** |
| **Senior Agency Contact:** **Tonya Cureton Curry** |
| **Senior Contact Phone:** **404.679.4840 Email:****tonya.curry@dca.ga.gov** |
| **Primary Application Contact:John Shereikis** |
| **Primary Application Contact Phone:404.678.4840 Email:john.shereikis@dca.ga.gov** |

In the following section, list all projects funded through the Balance of State CoC in which your agency directly administers (as the formal Applicant) that you will **NOT** be submitting a Renewal Application to request renewal funds to continue operations. Please note that once Renewal project applications are reviewed and scored by the review team, Renewal projects that were not scored cannot be added back into the project list. In addition, once a renewal project loses funding, that project cannot come back into future competition as a new project.

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| **Name of project: Consolidated Balance of State Rapid Re-Housing** | **Renewing Grant #: GA0296L4B012005** |
|  | **Current Contract Operating Year: 2020** |
| **Name of project:** | **Renewing Grant #:** |
|  | **Current Contract Operating Year:** |
| **Name of project:** | **Renewing Grant #:** |
|  | **Current Contract Operating Year:** |
| If more than one project is listed, are these projects under the same recipient (formal Applicant)? **Yes** [ ]  **No** [x]  |
| Does your agency propose to let the listed project(s) expire without submitting a Renewal Application in the 2021 Continuum of Care Competition through the Balance of State CoC?**Yes** [x]  **No** [ ] If Yes, please explain. **Our goal was only to Temporarily administer the grant until a suitable replacement was found. In absence of a suitable replacement we will not be renewing this grant.** |
| For projects not coming in for renewal, will your agency be working to assist clients that are being served in the project(s) transition to permanent housing?**Yes** [x]  **No** [ ]  |
| Does your agency understand that once Renewal project applications are reviewed and scored by the review team, Renewal projects that were not scored cannot be added back into the project list? And does your agency understand that once a renewal project loses funding, that project cannot come back into future competition as a new project?**Yes** [x]  **No** [ ]  |

**Assurances**

To the best of my knowledge and belief, all information noted above is true and correct.

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| **Authorized Representative Name:** (please print) | Tonya Cureton Curry |
| **Title:** | Deputy Executive Director |
| **Phone:** | 404.679.4940 |
| **Email:** | Tonya.curry@dca.ga.gov |
| Signature of Authorized Representative: |
| **Date:** |  |