Notice of Intent of 1) Transitional Housing Renewal, 2) Proposed Grant Reduction, OR 3) Proposed Modification of Transitional Housing to PSH or RRH through Reallocation

FY 2015 Georgia Balance of State Continuum of Care

**Please submit this document by email no later than 10/5/15**

**E-mail: tina.moore@dca.ga.gov**

**Fax: Tina Moore at 404-679-0669**

**Please complete the entire form and complete only one form per agency. Please send documents electronically when possible, or they can be faxed to 404-679-0669. Contact Tina Moore at 404-327-6870) with any questions.**

**Section 1. Agency and Grant Information**

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| --- |
| **Legal Agency Name:** |
| **Senior Agency Contact:** |
| **Senior Contact Phone:****Email:** |
| **Primary Application Contact:** |
| **Primary Application Contact Phone:      Email:** |

**In the following section, list all CoC Grant funded Transitional Housing (TH) projects in which your agency is the direct Grant Recipient with HUD. Add additional charts for projects as needed.**

|  |  |
| --- | --- |
| **Name of project:** | **Renewing Grant #:** |
| Renewing this year? Yes  No | If not renewing, please provide an explanation: |
| Will a reduction to this grant be proposed due to under-utilization of grant funds? Yes  No  If Yes, please explain. | |
| Does your agency propose to change current project type from Transitional Housing (TH) to either Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH) through the BoS CoC’s competitive reallocation process, and to submit a new application in the competition (in lieu of submitting a Renewal Application for TH)? (If yes, 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.) Yes  No  If Yes, please explain. | |

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**Assurances**

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

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| --- | --- |
| **Name:**  (please type) |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| Signature of Authorized Representative:  ☐ “X” indicates electronic signature submitted | |
| **Date:** |  |