Notice of Intent of Renewal Permanent Supportive Housing (PSH) project proposing to change the classification of the project to DedicatedPLUS\*

FY 2017 Georgia Balance of State Continuum of Care

**Please submit this document by email no later than 8/15/17**

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

**Please complete the entire form and complete only one form per agency. Please send documents electronically. 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 Balance of State CoC funded Permanent Supportive Housing (PSH) renewal projects in which your agency administers that you are proposing to change the classification to 100% DedicatedPLUS\*. Add additional charts for projects as needed.**

|  |  |
| --- | --- |
| **Name of project:** | **Renewing Grant #:** |
| Is this project a permanent supportive housing (PSH) project? **Yes**  **No** | Is this project a PSH project where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness? **Yes**  **No** |
| Does your agency propose to change the classification of current project type from Permanent Supportive Housing (PSH) **where 100% of the beds will be dedicated to serve individuals and families as defined in Section III.A.3.d. of the 2017 HUD NOFA**?  **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.

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

**\*Section III.A.3.d. of the NOFA defines a DedicatedPLUS project as follows:**

d. *DedicatedPLUS project.* A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth that at intake are:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;

(2) residing in a transitional housing (TH) project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (**This is not applicable as there are no TH projects in the BoS CoC that will be eliminated in 2017**.)

(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; **or**

(6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.