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**FY 2015 CoC Intent to Renew**

**Due Date: September 28, 2015, 12:00 PM**

**Submit Document to:** **lauren@ahomewithhope.org**

**Renewing Project Information (Please complete *one form per project*)**

|  |  |
| --- | --- |
| Recipient: |  |
| Subrecipient(s): |  |
| Project Name: |  |
| Grant Number: |  |
| Project Type (PSH, RRH, TH): |  |
| Current Funding Level(Must match [FY 2014 GIW](http://www.ahomewithhope.org/wp-content/uploads/2015-TX-601.pdf)): |  |
| Current Grant Balance in eLOCCS: |  |
| ***Anticipated*** amount of your renewal: |  |
| Brief description of significant changes (e.g., match challenges necessitate reduction, plan to switch project type): |  |

|  |  |
| --- | --- |
| **Primary Point of Contact:** |  |
| Telephone: | ( ) | Email: |  |

Additional contacts to copy on email updates about the FY 2015 Intent to Renew and CoC application process:

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Email Address** |
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**Applicant Attestation**

I understand and agree:

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| *­­­\_\_\_\_\_**Initial* | Time is of the essence in all aspects of the Continuum of Care Program, including the Intent to Renew, application, and reporting: our organization will meet all deadlines and work quickly to correct deficiencies, provide requested information, and support the community-wide application process and implementation of the program. |
| *­­­**\_\_\_\_\_**Initial* | Corrections, clarification, updates, and supplemental information will be posted to the TCHC website throughout the application process; therefore, our organization will regularly review the content on the webpage, <http://www.ahomewithhope.org/funding-opportunities/>.  |
| *­­­**\_\_\_\_\_**Initial* | It is our responsibility to contact TCHC if changes in the contact information for the point of contact for this application are needed. |

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| **Printed Name & Title** | **Signature** | **Date** |