

Project Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

# Notice of Voluntary Reallocation

River Valleys Continuum of Care (MN-502)

## Instructions

All Renewal Projects that intend to voluntarily reallocation all or some of the funds allowed for the project in the Grant Inventory Worksheet must complete this form. Projects that do not intend to voluntarily reallocate are not required to submit this form.

## Questions regarding reallocation

**A. Does the applicant agency meet all standards identified in the FY2018 Threshold Requirements?**

Yes

No. Explain why and how the issue will be resolved before final project ranking: \_\_\_\_\_

\_\_\_\_\_

**B. In the past funding round, was this project ranked in Tier 1 based on performance?** Projects that straddled Tier and Tier 2 should answer yes if more than 50% of the project was in Tier 1. Answer no if 50% or less was in Tier 1.

Yes

No

**C. What amount does the applicant want to reallocate from this project?** \$ \_\_\_\_\_

**D. For what reason(s) does the applicant want to reallocate funds from this project?**

Unable to spend all funds allocated for this project

Project design no longer meets agency goals

Project design no longer meets target participant needs

Project design does not effectively advance CoC system performance and outcomes

Desire to allow for new project creation in alignment with CoC priorities

Other: \_\_\_\_\_

\_\_\_\_\_

**E. Describe how you will work with the CoC to ensure that participants DO NOT become homeless as a result of proposed reallocation.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Does the applicant intend to reapply for all or part of the funds reallocated?**

Yes (Continue on the following page.)

No

**Name of authorized signatory for applicant agency:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Project Name: \_\_\_\_\_

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## Proposed new project description

### G. New project type (priorities for FY2018)

- Rapid Re-housing
- Joint Transitional Housing/Rapid Re-housing for eligible populations
- Permanent Supportive Housing for eligible populations

H. Project location(s): \_\_\_\_\_

I. **Households to be served.** Briefly describe the number of households to be served by target population, e.g. 4 chronically homeless families with children, 5 homeless single youth 18-24.

\_\_\_\_\_

J. **Is the target population you selected for this project type a priority population for this proposed project in this proposed location?** Refer to the CoC Plan for guidance.

- Yes
  - No. Explain. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

K. **Project partners: Name other agencies involved in this project, if any.** \_\_\_\_\_

\_\_\_\_\_

L. **Policy alignment.** Select all of the items that are TRUE about this proposed new project.

The project will:

- Use HMIS as primary database for the project. (DV programs may use alternate equivalent.)
- Participate fully in Coordinated Entry for assessments, referrals, and other activities as required.
- Employ low barrier/Housing First methods for participant access to the project.
- Follow a Harm Reduction approach to services and housing for participants.
- Take all reasonable steps to prevent participant evictions/exits to homelessness.
- Ensure safe and equal access to the project given participants' stated gender identity.
- Ensure access to educational opportunities for participants under age 18.

### M. Proposed Budget

Leasing	\$ _____
Rental Assistance	\$ _____
Operations	\$ _____
Services	\$ _____
HMIS	\$ _____
Administration	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Admin cannot exceed 6.9% HUD CoC funds requested.

25% match required for all budget items except leasing. \_\_\_\_\_  
Expected source of match: \_\_\_\_\_

N. **Other details/description for this project, if desired.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_