The **Homeless Alliance of WNY**, as the Continuum of Care (CoC) lead agency for Erie, Niagara, Genesee, Orleans, and Wyoming counties, is seeking responses from organizations interested in applying for **new projects** under the 2025 HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

**This form is not for renewal applications.** It is only for **new projects** or **expansions** of existing CoC-funded projects.

The **CoC Program** is a federal funding stream from the U.S. Department of Housing and Urban Development (HUD) that supports efforts to end homelessness by funding housing and supportive services for people experiencing homelessness. This year HUD is focused on treatment and recovery, reducing unsheltered homelessness, reducing returns to homelessness, and increasing the earned income of participants. Funded projects must participate in Coordinated Entry and meet HUD and CoC requirements, including data entry into HMIS or a comparable system.

**Total funding requests should not exceed $500,000.**

This Intent to Apply Form is not a full application. It is a preliminary step to help us understand interest and capacity in the region.

The CoC Application Process includes two steps:

1. **Local Application Process:**

Intent to Apply Form – used to assess initial interest and eligibility. Based on responses, the CoC may request additional information such as project descriptions, draft budgets, or documentation of agency capacity. Depending on the volume and type of submissions, the CoC may also conduct follow-up meetings, interviews, or scoring to determine which projects best align with HUD and local priorities.

1. **Federal Application Process:**

Projects that make the selection list will advance to the federal application process through HUD’s electronic program application and grants management system, e-snaps.

**As of now, HUD has not released the 2025 Notice of Funding Opportunity (NOFO), and the release date is unknown.** Once HUD releases the NOFO, the CoC will determine which projects align best with HUD’s priorities and local needs.

**Organizations that do not submit this form by the deadline may not be eligible to move forward to the full application or be included in the CoC’s submission to HUD.** The CoC also reserves the right to issue a supplemental RFP or make adjustments to the process based on the final NOFO.

**Deadline to Submit: 7/30/2025 (Wed) 4:00 PM**

**Submit completed forms and direct any questions to: Kexin Ma, Executive Director,** [**kexinma@wnyhomeless.org**](mailto:kexinma@wnyhomeless.org)**.**

### **1. Organization Information**

* Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **2. Project Type (Only check one, if you are interested in applying multiple, please submit multiple requests):**

* ☐ **Street Outreach**
  + Engages people experiencing unsheltered homelessness with the goal of helping them connect to permanent housing and supportive services. Outreach must be housing-focused—that means the primary objective is to support individuals in obtaining and retaining housing.
* ☐ **Transitional Housing**
  + Time-limited housing (generally up to 24 months) with supportive services for individuals or families experiencing homelessness.
* ☐ **Rapid Re-Housing (RRH)**
  + Provides short- to medium-term rental assistance (typically 3–24 months) and supportive services to help people quickly exit homelessness and move into permanent housing. Services include housing search assistance, landlord mediation, and case management. RRH is designed to be flexible and individualized.

### **4. Is this project a:**

* ☐ New Project
* ☐ Expansion of an existing project  
   If expansion, what is the name of the existing project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **5. Estimated Project Size**

* Total estimated annual budget: $\_\_\_\_\_\_\_\_\_\_\_
* Estimated number of households or individuals to be served annually: \_\_\_\_\_\_\_\_\_\_\_

### **6. Will the project:**

* Participate in Coordinated Entry? ☐ Yes ☐ No ☐ Not Sure
* Use HMIS (or a comparable system if DV)? ☐ Yes ☐ No ☐ Not Sure

### **7. Briefly describe your project idea:**