

Memphis/Shelby County Homeless Consortium (TN-501)

2024 CoC Builds Proposal Outline

Applicants may submit only one project for consideration. **This proposal outline is due by 10/16/24.** Email this form and any additional narrative sections to Stephanie Reyes at Stephanie@cafth.org A confirmation email will be sent upon receipt.

Applicant Entity Name: _____

Address Line 1: _____

Contact Person: _____

Address Line 2: _____

E-mail Address: _____

City: _____ **State:** ____ **Zip:** _____

Telephone Number: _____

SAM Registration: _____

UEI Number: _____

Applicant Entity is a:

- ____ Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- ____ Special district government
- ____ City or township government
- ____ County government
- ____ State government
- ____ Native American tribal organizations (other than federally recognized tribal governments)
- ____ Native American tribal governments (federally recognized)
- ____ Others (see 2024 CoC Builds NOFO for clarification)

Please list any partner organizations involved in this project:

Developer: _____

Property Manager: _____

Service Provider: _____

Housing Authority: _____

Other: _____

Project Details

Project Name: _____

Project Type: New Construction Rehab Acquisition

Project Location (City, County): _____

Has site control been secured? Yes No

Is this an adaptive reuse project? Yes No

Total Number of Units: _____

Number of PSH Units: _____

Number of Affordable, non-PSH Units: _____

Number of Market Rate Units: _____

Population(s) to be served:

- Chronically homeless
- People living with Aids/HIV
- Homeless Youth/Young Adults (18-24)
- Substance Use
- Homeless Families with Children
- People living with a documented disability
- Other

Total CoC Builds funding requested	
<i>Max funding available for our community: \$7,500,000.00</i>	
Amount requested for Acquisition:	
Amount requested for New Construction:	
Amount requested for Rehab:	
Amount requested for PBRA:	
Amount requested for Supportive Services:	
Amount requested for Operations:	
Amount requested for Admin:	

List all other funding sources secured for the project	
Low Income Housing Tax Credit amount:	
National Housing Trust Fund amount:	
HOME amount:	
HOME-ARP amount:	
Project-Based Rental Assistance amount:	
Local government funding amount:	
Other amount:	
Total match amount available:	

Leveraging & Funding source(s) for the match requirement is already established? Yes No

Schedule

Based on type of capital cost requested, provide the estimated dates:

New Construction	Date beginning construction	Date ending construction	Date Property will be available for move-in

Acquisition	Date property will be acquired	Date Property will be available for move-in

Rehabilitation	Date beginning rehabilitation	Date ending rehabilitation	Date Property will be available for move-in.

Narrative

In a separate Word document, please provide a narrative about how the project will meet each of the following. The narrative should be no longer than 2 pages, single-spaced, Times New Roman, 12pt font.

1. You are expected to align your application to the applicable strategic goals and objectives below. Describe in your narrative how your project is expected to support these goals. Refer to the CoC Builds Nofo for more information on each goal.
 - Reduce Homelessness: Prioritizing individuals and families experiencing homelessness where at least one individual in the household has a disability
 - Ensure Access to and Increase the Production of Affordable Housing
 - Increase the Supply of Housing
 - Advance Sustainable Communities
 - Strengthen Environmental Justice
 - Integrate Health and Housing
2. Demonstrate that the applicant, developer, and relevant subrecipients have sufficient experience to complete the project. HUD will provide maximum points to developer teams with at least four other projects that have a similar scope and scale as the proposed project.
3. Demonstrate that your organization and that your proposed subrecipients have experience administering programs for individuals and families experiencing homelessness where one member of the household has a disability.
4. Recipients will spend funding in a timely fashion, drawing project funds on a quarterly basis at minimum
5. Recipients will complete all reporting requirements as required by HUD according to established due dates

Memphis/Shelby County Continuum of Care requirements

By submitting this proposal outline, applicants acknowledge:

1. Recipients will participate in the CoC designated Homeless Management Information System
2. Recipients will participate in the CoC Coordinated Entry system
3. Recipients will participate in the annual Point in Time and Housing Inventory Count
4. Recipients will complete all CoC reporting requirements as required according to established due dates
5. Comply with the TN-501 CoC monitoring process

Agency Representative Name

Agency Representative Title

Agency Representative Signature

Date