



FY26 CONTINUUM OF CARE NOTICE OF FUNDING OPPORTUNITY INTENT TO APPLY

Prior to submitting this Intent to Apply form, please read [HUD's FY26 CoC Notice of Funding Opportunity](#) in its entirety to ensure that the agency and project meet HUD's basic eligibility and threshold requirements.

AGENCY NAME	
PROJECT NAME	
AGENCY ADDRESS	
FUNDING COMPETITION POINT(S) OF CONTACT (LIMIT 2)	
PROJECT STATUS	<input type="checkbox"/> This project did not receive IL-518 CoC funding in FY24-25 (new project). <input type="checkbox"/> This project received IL-518 CoC funding in FY24-25 (renewal).
PROJECT TARGET POPULATION	<input type="checkbox"/> Youth age 18-24 <input type="checkbox"/> Survivors of domestic violence, dating violence, sexual assault, stalking, trafficking <input type="checkbox"/> Veterans <input type="checkbox"/> Any/all of the above
CERTIFICATIONS	<input type="checkbox"/> I certify that I have read the FY26 CoC NOFO in its entirety. <input type="checkbox"/> I certify that I have the authority within my organization to apply for Federal funding. <input type="checkbox"/> I certify that this project will not engage in illegal racial discrimination, or operate a safe consumption site or drug injection site, knowingly permit the use or distribution of illicit drugs on the property under the project's control, or knowingly distribute drug paraphernalia. <input type="checkbox"/> I certify that if funded, this project will enter all required data into the Homeless Management Information System or comparable database in accordance with IL-518 HMIS Policies & Procedures. <input type="checkbox"/> I certify that if funded, this project will fully comply with IL-518 Coordinated Entry Policies & Procedures.

NAME & DATE: _____

SIGNATURE: _____