



**FY2025 CoC Collaborative Application
Intent-to-Apply Form (TN-506)**

Organization: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Organization Type: _____

(Non-profit, local government, DV service provider, etc.)

Program Selection:

Please check the application program type:

Transitional Housing (TH)

Permanent Supportive Housing (PSH)

Rapid Re-Housing (RRH)

Supportive Services Only (SSO)

Estimated Funding Request: \$ _____

Service Area:

What counties within the TN-506 CoC are you proposing to serve with this funding?

HMIS Utilization:

Do you currently utilize HMIS? Yes No

All grant recipients are required to utilize HMIS, with the exception of DV Shelters.

Please attach a brief summary of your planned project.

Certification:

By signing below, I confirm that I am the authorized representative of the above organization and I certify that the information provided is accurate and reflects the intent of our organization to apply for HUD CoC funding.

Signed _____ Date _____

Return this form to: vivian.walker@crossvillehousing.org

No later than **November 26, 2025**

Questions? Call 931-484-3207 or vivian.walker@crossvillehousing.org