



The U.S. Department of Housing and Urban Development (HUD) released the FY2025 Continuum of Care Notice of Funding Availability (CoC NOFO) on November 14, 2025. The local Continuum of Care, dba Augusta's Homeless Task Force, is announcing the availability for interested applicants for Renewal and New Project Applications to review HUD's NOFO requirements and express their interest in applying for funds under this funding opportunity.

### **What is the Continuum of Care NOFO?**

The CoC NOFO is the national HUD Application process for funding assistance under the Continuum of Care grant program. The programs funded by this NOFA continue to be the most important tools for building local systems that identify everyone who becomes homeless, keeps them safe, and helps them get back into housing quickly. Project types supported by this NOFO include, but are not limited to, Transitional Housing, Rapid Re-housing and Permanent Supportive Housing, Supportive Services Only, Homeless Management Information System and Coordinated Entry projects.

The Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2025 Continuum of Care (CoC) Program Competition can be found on the grants.gov website, listing FR-6900-N-25. Additional resources are available on the HUD Exchange website at [Continuum of Care \(CoC\) Program Eligibility Requirements - HUD Exchange](https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/). (<https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/>)

Any agency wishing to apply for Project funding should submit the attached form in order to notify the CoC of your interest by **December 10, 2025 by 5:00pm**. If approved to apply, you will be given instructions to complete an application in the e-snaps portal by December 15, 2025.



## Augusta-Richmond County 2025 Continuum of Care Intent to Apply-New Project Outline

If multiple projects are proposed, please complete and submit a **separate proposal outline for each new project**. Email this completed form to Angela Collins at [acollins@uwcsra.org](mailto:acollins@uwcsra.org) no later than 5:00 pm on **December 10, 2025**.

**Agency Name:** Click or tap here to enter text.

**Contact Person Name:** Click or tap here to enter text.

**Agency Street Address:** Click or tap here to enter text.

**Email of Contact:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Phone Number of Contact:** Click or tap here to enter text.

**State:** GA

**Zip:** Click or tap here to enter text.

**Organizational Type:**

☐ Nonprofit 501(c)(3) ☐ Local Government

☐ Other: Click or tap here to enter text.

**Project Type:**

☐ Transitional Housing

☐ Rapid Re-Housing

☐ Support Services Only - Standalone

☐ Permanent Supportive Housing

☐ Support Services Only - Street Outreach

☐ HMIS

☐ Coordinated Entry

**Household Type to be served:**

☐ Families w/Children

☐ Unaccompanied Youth under 18

☐ Individuals

☐ Youth ages 18-24 with/without Children

**Number of Households to be served at Any One Time:**

Click or tap here to enter text.

**Use the space below and/or an attached page to briefly describe proposed project and the clients proposed to be served by project. SUBMIT A SEPARATE OUTLINE FOR EACH PROJECT IF MORE THAN 1. Briefly describe the anticipated budget line items and describe how the project's match requirement (25%) will be met.**

**Funding Amount to be Requested:** Click or tap here to enter text.