**CA – 511**

**San Joaquin Continuum of Care**

**FY 2018**

**CONTINUUM OF CARE PROGRAM**

**FUNDING NOTICE**

**Local Letter of Intent for**

**Renewal and New Projects**

**Letter of Intent for both renewal and new projects must be received by 4:00PM on Friday, July 17th, 2018**

**LATE AND/OR INCOMPLETE LETTERS OF INTENT WILL NOT BE CONSIDERED**

**FY2018 Continuum of Care Program Funding Notice**

**Introduction**

The San Joaquin Continuum of Care (SJCoC) is soliciting local Letters of Intent for the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program funding round. This Funding Notice will serve as the Letter of Intent for organizations to apply, and provides preliminary information to the SJCoC for purposes of evaluating project eligibility.

The U.S. Department of Housing and Urban Development (HUD) conducts an annual CoC Program national competition. San Joaquin County Community Development Department (CDD) is the lead agency responsible for completing and submitting the applications on behalf of the San Joaquin CoC. Additional information on the HUD CoC Program can be found [here](https://www.hudexchange.info/coc).

**Eligible Applicants (24 CFR 578.15)**

Eligible project applicants include nonprofit organizations, public housing agencies, local governments, and instrumentalities of state and local governments. For-profit entities are not eligible to apply.

**Local Letters of Intent (24 CFR 578.19)**

Applicants for renewal and new projects are required to submit a Local Letter of Intent by the deadline. There is a separate Letter of Intent for renewal projects and for new projects.

CDD may request additional materials and/or information at a later date; it is anticipated that any additional materials and information will be requested when HUD publishes the FY2018 CoC Program Notice of Funding Availability (NOFA). Once published, the FY2018 NOFA information and guidance may impact the rating and ranking of projects that are submitted to HUD in the FY2018 CoC Program national competition.

**Renewal Projects**

Currently awarded CoC projects that end in calendar year 2019 are eligible for renewal funding. Applicants for renewal projects must complete the Letter of Intent for Renewal Projects indicating their intent to reapply for funds in FY2018.

**New Projects**

Applicants for new projects must complete the Letter of Intent for New Projects. Letters of Intent for new projects will be accepted for review only if funds are available either through bonus funds or reallocation. New projects, if selected for funding, will be required to begin operating on July 1, 2019.

In the event that funds are available, Letters of Intent for new projects will be considered only from entities that have submitted a Local Letter of Intent by the deadline and are proposing, in alignment with HUD priorities:

1. Permanent Supportive Housing (PSH) dedicated to serving chronically homeless or DedicatedPLUS individuals, including unaccompanied youth, and/or families
2. Rapid Rehousing (RRH) dedicated to serving homeless individuals, including unaccompanied youth, and/or families coming directly from the streets or emergency shelter, or individuals and/or families who meet the criteria of paragraph (4) of HUD’s definition of homeless.
3. Expansion of an existing eligible renewal project that will increase the number of units, persons served, services provided to existing program participants, or to add additional activities to HMIS and SSO-Coordinated Entry projects.
4. Permanent Housing/Rapid Re-Housing projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless.

**Maximum Amount of Funding Available**

Funding availability for renewal projects is dependent upon the amount made available by the HUD allocation method. Funding for new projects is dependent upon information contained in the HUD FY2018 NOFA, including the opportunity to apply for bonus projects, and any reallocated funds made available through the local project review process. Administrative funds requested for CoC projects will be limited to no more than seven percent (7%) of the total project budget. Administrative funds will be split between the recipient (CDD) and the subrecipient.

**Match Requirement (24 CFR 578.73)**

The subrecipient must match all grant funds, except for leasing funds, with no less than twenty-five percent (25%) of funds or in-kind contributions from other sources in accordance with 24 CFR § 578.73. Subrecipients will not be required to meet this match per category, but rather as an aggregate sum.

**DEADLINE: Local Letters of Intent for both renewal and new projects must be received by 4:00PM on Friday, July 17th 2018**. NO LATE OR INCOMPLETE LETTERS OF INTENT WILL BE CONSIDERED.

**Letter of Intent Submission**

Signed Letters of Intent for both renewal and new projects must be submitted on or before the deadline by email, or in person at the County Administrator’s Office. Applicants are encouraged to submit their Letters of Intent prior to the deadline.

Technical assistance questions may be directed to Adam Cheshire, Program Administrator for Homeless Initiatives at (209) 468-3399 or acheshire@sjgov.org.

**Submit signed electronic copies of Letters of Intent to the following email address:**

acheshire@sjgov.org

**If unable to submit electronically**, signed Letters of Intent can be delivered in person to:

**44 North San Joaquin Street**

**Sixth Floor, Suite 640**

**Stockton, CA 95202**

**ATTN: Adam Cheshire**

[**https://www.sjgov.org/department/cao/**](https://www.sjgov.org/department/cao/)

**Definitions Applicable to this Funding Notice**

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| --- | --- |
| **Acquisition**(refer to [24 CFR 578.43](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf)) | Grant funds may be used to pay up to 100 percent of the cost of acquisition of real property selected by the recipient or subrecipient for use in the provision of housing or supportive services for homeless persons.  |
| **Chronically Homeless** (refer to [24 CFR 578.3](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf)) | A homeless individual with a disability (as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) (or family with an adult, or a minor if there is no adult, head of household) who is homeless and lives in a place not meant for human habitation, safe haven, or in an emergency shelter; and has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months and each break in homelessness separating the occasions included at least seven (7) consecutive nights of not living in a place not meant for human habitation, safe haven, or in an emergency shelter.  |
| **Coordinated Entry System** | A process for people to access the prevention, housing and/or other services that they need. Coordinated Entry incorporates uniform screening and assessment, prioritization and program matching, and connections to mainstream services to help those seeking housing and services access appropriate programs more efficiently.  |
| **Homeless**(refer to [24 CFR 578.3](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf) and the [Defining “Homeless” Rule](https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)) | An individual or family who lacks a fixed, regular, and adequate nighttime residence |
| **Housing First**  | An approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold.  |
| **New Construction**(refer to [24 CFR 578.47](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf)) | Grant funds may be used to pay up to 100 percent of the cost of new construction, including the building of a new structure or building an addition to an existing structure that increases the floor area by 100 percent or more, and the cost of land associated with that construction, for use as housing.  |
| **Operating Costs**(refer to [24 CFR 578.55](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf)) | Grant funds may be used to pay the costs of the day-to-day operation of permanent housing in a single structure or individual housing units.  |
| **Permanent Housing**(refer to [24 CFR 578.3](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf)) | Community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one (1) year, which is renewable for terms that are a minimum of one (1) month long, and is terminable only for cause.  |
| **Permanent Supportive Housing**(refer to [24 CFR 578.3](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf) and the [Defining “Homeless” Rule](https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)) | Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.  |
| **Rapid Rehousing**(refer to [24 CFR 578.37(a)(1)(ii)](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf) | Provides supportive services and and/or short-term (up to three (3) months) and/or medium-term (for three (3) to 24 months) tenant-based rental assistance as necessary to help homeless households move as quickly as possible into permanent housing and achieve stability in that housing.  |
| **Rehabilitation**(refer to [24 CFR 578.45](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf)) | Grant funds may be used to pay up to 100 percent of the cost of rehabilitation of structures to provide housing or supportive services to homeless persons.  |
| **Leasing**(refer to [24 CFR 578.49](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf) | Grant funds are used to lease individual housing units throughout San Joaquin County; the project sponsor has a master lease agreement with the landlord/owner of the housing unit and a sublease with the program participant.  |
| **Severe Service Needs**(refer to [Notice CPD-16-011](https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf)) | History of high utilization of crisis services or significant health or behavioral health challenges or functional impairments that require a significant level of support in order to maintain permanent housing. |
| **Supportive Services**(refer to [24 CFR 578.53](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf)) | Grant funds may be used to pay supportive services that address the special needs of the program participants. Only the specific supportive services described in 24 CFR 578.53 are eligible.  |
| **Tenant-Based Rental Assistance** | Program participants locate housing of their choice in the private rental market; program participants have lease agreements with the landlord/owner of the housing unit.  |
| **Youth** | Persons under 25 years of age. |

FY2018 San Joaquin Continuum of Care Program Funding Notice

**RENEWAL LETTER OF INTENT**

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| **Project Name**:  |       |
| **Basic Information** |
| Agency:  |       |
| Primary Contact Name:  |       |
| Mailing Address: |       |
|  |       |
| Phone Number: |       |
| Email Address: |       |
| EIN/TIN: |       |
| Project Number: |       |
| Project Start Date: |       |
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| **INTENT TO REAPPLY** |
| The agency intends to apply for renewal funding in Fiscal Year (FY) 2018. |
|[ ]  Yes |[ ]  No |  |  |

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| **THRESHOLD CRITERIA. The Local Letter of Intent must be received by the deadline. Projects that do not meet the threshold criteria will not be scored.**  |
| Project is consistent with the [Plan to End Homelessness](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf) and the [Consolidated Plan](https://www.sjgov.org/commdev/cgi-bin/cdyn.exe/file/Neighborhood%20Preservation/Consolidated%20Plan%20Documents/2015-2019%20Consolidated%20Plan.pdf) of San Joaquin County |
|[ ]  Yes |[ ]  No |  |  |
| Project is consistent with the [Consolidated Plan of California](http://www.hcd.ca.gov/policy-research/plans-reports/docs/state-of-CA-2015-2020-conplan-final.pdf) and the City In Which Project is Located |
|[ ]  Yes |[ ]  No |  |  |
| The agency has no outstanding County or HUD monitoring findings and/or OIG Audit Findings |
|[ ]  Yes |[ ]  No |  |  |
| Project complies with the requirements of the [CoC interim rule](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) (24 CFR part 578) |
|[ ]  Yes |[ ]  No |  |  |
| ***CoC interim rule Compliance***: Referrals are based on local priorities and preferences (which consider length of time homeless, the vulnerabilities of participants and/or severity of service needs) for the project type. |
|[ ]  Yes  |[ ]  No |  |  |
| ***CoC interim rule Compliance***: The project participates in the San Joaquin CA-511 Homeless Management Information System (HMIS). |
|[ ]  Yes  |[ ]  No |  |  |

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| **LOW-BARRIER AND HOUSING FIRST**  |
| LOW-BARRIER: The Project ***does not*** screen out participants based on the following criteria. Select all that apply. |
| Having too little or no income  |[ ]
| active or history of substance abuse  |[ ]
| having a criminal record with exceptions for state-mandated restrictions |[ ]
| having an eviction record |[ ]
| history of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement) |[ ]
| HOUSING FIRST: The Project ***does not*** terminate participants from the program for the following reasons. Select all that apply.  |
| Failure to participate in supportive services |[ ]
| Failure to make progress on a service plan |[ ]
| Loss of income or failure to improve income |[ ]
| Being a victim of domestic violence  |[ ]
| Any other activity not covered in a lease agreement typically found in the project’s geographic area |[ ]

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| **Permanent Supportive Housing (PSH) Projects ONLY: Dedicated Chronic Homeless Beds** |
| Select the applicable response.  |
|[ ]  For **FY2018**, the Agency will continue to dedicate 100% of project beds to chronically homeless.  |
|[ ]  Other. Provide an explanation below.  |
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| **Special Population focus (all projects)** |
| indicate whether the project has ***existing*** special capacity (in its facilities, program designs, tools, outreach or methodologies) to serve one (1) or more of the following subpopulations (check all that apply):  |
|[ ]  chronically homeless individuals and/or families |
|[ ]  veterans |
|[ ]  Families with children |
|[ ]  youth (under age 25) |
|[ ]  victims of domestic violence |
| If you selected one (1) or more of the subpopulations listed above, please provide a narrative describing the Project’s ***existing*** special capacity (i.e., facilities, program designs, tools, outreach or methodologies). (Limit response to the space provided) |
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| **Mainstream Services**: The Project will provide transportation assistance to clients to attend mainstream benefit appointments, employment trainings, or jobs  |
|[ ]  Yes |[ ]  No |  |  |
| **Mainstream Services**: The Project will assist participants in completing the necessary Letters of Intent for accessing mainstream benefits  |
|[ ]  Yes |[ ]  No |  |  |
| **Mainstream Services**: The Project will follow-up with participants at least annually to ensure mainstream benefits are received and renewed |
|[ ]  Yes |[ ]  No |  |  |

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| **Program OUtcomes (all projects)** |
| In the space provided, describe outcomes for participants of the program |
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| **Authorized Signature of Applicant**: To the best of my knowledge and belief, all information in this Local Letter of Intent is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding. By signing below, I hereby certify that the Agency does not have any outstanding monitoring or audit findings from any federal, state, or local entity.  |
| Signature of Authorized Representative:  |  |
| Typed Name: |       | Date Signed:  |       |
| Title: |       |

**Renewal Local Letters of Intent must be received by Friday, July 17th, 2018**

FY2018 Continuum of Care Program Funding Notice

**LOCAL LETTER OF INTENT FOR NEW PROJECTS**

|  |  |
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| **Project Name**:  |       |
| **Basic Information** |
| Agency:  |       |
| Primary Contact Name:  |       |
| Mailing Address: |       |
|  |       |
| Phone Number: |       |
| Email Address: |       |
| EIN/TIN: |       |

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| **THRESHOLD CRITERIA. The Local Letter of Intent must be received by the deadline. Projects that do not meet the threshold criteria will not be scored.**  |
| Project is consistent with the [Plan to End Homelessness](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf) and the [Consolidated Plan](https://www.sjgov.org/commdev/cgi-bin/cdyn.exe/file/Neighborhood%20Preservation/Consolidated%20Plan%20Documents/2015-2019%20Consolidated%20Plan.pdf) of San Joaquin County |
|[ ]  Yes |[ ]  No |  |  |
| Project is consistent with the [Consolidated Plan of California](http://www.hcd.ca.gov/policy-research/plans-reports/docs/state-of-CA-2015-2020-conplan-final.pdf) and the City In Which Project is Located |
|[ ]  Yes |[ ]  No |  |  |
| The agency has no outstanding County or HUD monitoring findings and/or OIG Audit Findings |
|[ ]  Yes |[ ]  No |  |  |
| Project complies with the requirements of the [CoC interim rule](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) (24 CFR part 578) |
|[ ]  Yes |[ ]  No |  |  |
| ***CoC interim rule Compliance***: Referrals are based on local priorities and preferences (which consider length of time homeless, the vulnerabilities of participants and/or severity of service needs) for the project type. |
|[ ]  Yes  |[ ]  No |  |  |
| ***CoC interim rule Compliance***: The project will participate in the San Joaquin CA-511 Homeless Management Information System (HMIS). |
|[ ]  Yes  |[ ]  No |  |  |
| **Project Type**: In alignment with HUD priorities, the project is:  |
|[ ]  1. **Permanent Supportive Housing dedicated to serving chronically homeless**
 |
|[ ]  1. **Rapid Rehousing dedicated to homeless households coming directly from the streets or shelter, or households meeting the criteria of paragraph (4) of HUD’s definition of homeless**
 |
|[ ]  1. **Expansion of an existing eligible renewal project that will increase the number of units in the project, or allow the recipient to serve additional persons**
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| **LOW-BARRIER AND HOUSING FIRST**  |
| LOW-BARRIER: The Project ***will not*** screen out participants based on the following criteria. Select all that apply. |
| Having too little or no income  |[ ]
| active or history of substance abuse  |[ ]
| having a criminal record with exceptions for state-mandated restrictions |[ ]
| having an eviction record |[ ]
| history of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement) |[ ]
| HOUSING FIRST: The Project ***will not*** terminate participants from the program for the following reasons. Select all that apply.  |
| Failure to participate in supportive services |[ ]
| Failure to make progress on a service plan |[ ]
| Loss of income or failure to improve income |[ ]
| Being a victim of domestic violence  |[ ]
| Any other activity not covered in a lease agreement typically found in the project’s geographic area |[ ]

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| **PROJECT DETAIL** |
| **Project Description** (Limit response to the space provided) |
|       |
| **Funding Request**: Refer to the FY2018 NOFA for request requirements/limitations. |
| Capital Request: Acquisition/Rehabilitation/New Construction: | $      |
| Non-Capital Request | Housing Costs (leasing, rental assistance, or operating): | $      |
|  | Supportive Service Costs: | $      |
|  | Administrative Costs: | $      |
|  | **Total non-capital Funds Requested**: | $      |
| Match Commitment (24 CFR 578.73): | $      |
| **percentage of non-capital project funds represented by Housing Costs**: |      % |
| **Percentage of non-capital project funds represented by Supportive Service Costs**: |      % |
| **Percentage of non-capital project funds represented by Administrative Costs**: |      % |
| **Project Scale-ability**: Indicate whether the project is scale-able, including whether the project can be scaled down if less funding is available and if the Agency has the capacity to scale the project up if more funding is available. **Project can be scaled down**:  |
|[ ]  Yes |[ ]  No |  |  |
| **Project can be scaled up**:  |
|[ ]  Yes |[ ]  No |  |  |
| **Target Population**: From the criteria below, indicate the projected total number of households and persons from each target population to be served over the course of the program year. Check all that apply. |
|[ ]  **Households without Children**  |[ ]  **Households with Children**  |[ ]  **Households with ONLY Children** |
|  | **Households (#)** | **Persons (#)** |  | **Households (#)** | **Persons (#)** |  | **Households (#)** | **Persons (#)** |
|  |       |       |  |       |       |  |       |       |
| **Housing Inventory** (at maximum program capacity; reflects the number served at a single point in time, *not* the number served over the course of the program year.)  |
| **Total Units (#)** | **Total Beds (#)** |
|       |       |
| **Targeted to Households without Children** | **Targeted to Households with Children** | **Targeted to Households with ONLY Children** |
| **Units (#)** | **Beds (#)** | **Units (#)** | **Beds (#)** | **Units (#)** | **Beds (#)** |
|       |       |       |       |       |       |
| **Special Population focus (all projects)** |
| indicate whether the project will have special capacity (in its facilities, program designs, tools, outreach or methodologies) to serve one (1) or more of the following subpopulations (check all that apply):  |
|[ ]  chronically homeless individuals and/or families |
|[ ]  veterans |
|[ ]  Families with children |
|[ ]  youth (under age 25) |
|[ ]  victims of domestic violence |
| If you selected one (1) or more of the subpopulations listed above, please provide a narrative describing the Project’s special capacity (i.e., facilities, program designs, tools, outreach or methodologies). (Limit response to the space provided) |
|       |
| **Mainstream Services**: The Project will provide transportation assistance to clients to attend mainstream benefit appointments, employment trainings, or jobs  |
|[ ]  Yes |[ ]  No |  |  |
| **Mainstream Services**: The Project will assist participants in completing the necessary Letters of Intent for accessing mainstream benefits  |
|[ ]  Yes |[ ]  No |  |  |
| **Mainstream Services**: The Project will follow-up with participants at least annually to ensure mainstream benefits are received and renewed |
|[ ]  Yes |[ ]  No |  |  |
| **Projected Milestones**: Enter the number of days from the execution of the grant agreement (if awarded) that each of the following milestones will occur, for each structure in the project. If the project has only one (1) structure or structures, complete only column A. Enter “N/A” if the event is not applicable.  |
| Project Milestone | Days from Execution of Grant Agreement |
|  | Structure A | Structure B | Structure C | Structure D |
| Closing on purchase of land, structure, or execution of lease |       |       |       |       |
| Last unit leased, if leasing scattered units |       |       |       |       |
| Rehabilitation started |       |       |       |       |
| Rehabilitation completed |       |       |       |       |
| New construction started |       |       |       |       |
| New constructed completed  |       |       |       |       |
| Operations staff hired |       |       |       |       |
| Residents begin to occupy |       |       |       |       |
| Supportive services begin |       |       |       |       |
| Project at Capacity or Facility near 100% occupied  |       |       |       |       |
| Enrollment in supportive services near 100% capacity  |       |       |       |       |

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| **For Project Type A (Permanent Supportive Housing) only** |
| **Housing Assistance**: The project will provide the following type of housing assistance:  |
|[ ]  Leasing |[ ]  Rental Assistance  |[ ]  Operating Costs |
|  | If Leasing, select the applicable type of Leasing:  |  | If Rental Assistance will be provided, select the applicable type of Rental Assistance:  |  |  |
|[ ]  Leased Structure  |[ ]  Project-Based Rental Assistance  |
|[ ]  Scattered-Site Leasing |[ ]  Sponsor-Based Rental Assistance  |
|  |  |[ ]  Tenant-Based Rental Assistance  |
| **Target Population**: The project will exclusively serve chronically homeless persons, prioritizing those persons with the longest histories of homelessness and the most severe service needs: |
|[ ]  Yes |[ ]  No, specify Target Population: |       |

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| **For Project Type B (Rapid Rehousing) only** |
| **Housing Assistance**: The project will provide the following type of housing assistance:  |
|[ ]  Tenant-Based Rental Assistance  |
| **Target Population**: The project will exclusively serve homeless persons coming directly from the streets or emergency shelter or households meeting the criteria of paragraph (4) of HUD’s definition of homeless |
|[ ]  Yes |[ ]  No, specify Target Population: |       |

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| **Agency Experience & Capacity** |
| **Federal Funding**: The agency currently operates project(s) that receive federal funding. If YES, list at least one (1) project name and program of a federally funded project currently operated by the agency.  |
|[ ]  Yes |[ ]  No |  |  |
| 1. Project Name:
 |       | Federal Program: |       |
| 1. Project Name:
 |       | Federal Program: |       |
| 1. Project Name:
 |       | Federal Program: |       |
| 1. Project Name:
 |       | Federal Program: |       |
| 1. Project Name:
 |       | Federal Program: |       |
| **Financial Management Capacity**: The agency has the capacity to submit monthly cost reimbursement invoices and to meet program expenses in advance of reimbursement. If YES, describe the agency’s capacity to do so (limit response to the space provided)  |
|[ ]  Yes |[ ]  No |  |  |
|       |
| **Projects funded by the Continuum of Care (CoC) Program must serve only households who are homeless, as defined by the U.S. Department of Housing and Urban Development (HUD).** **Homelessness Documentation**: The Agency has experience documenting homelessness according to HUD’s Defining “Homeless” Rule. If YES, indicate the number of years of experience and list at least one (1) project name and funding source of a project serving homeless households (as defined by HUD) currently operated by the agency.  |
| [ ]   | Yes |[ ]  No |  |  |
| [ ]  | <1 year | [ ]  | 1 to 2 years | [ ]  | ≥3 years |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
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| 1. Project Name:
 |       | Funding Source: |       |
| **Permanent Supportive Housing (PSH) ONLY**: The Agency has experience documenting chronic homelessness according to HUD’s definition in the CoC interim rule, 24 CFR § 578.3\*. If YES, indicate the number of years of experience and list at least one (1) project name and funding source of a PSH project serving chronically homeless households currently operated by the agency. \**In accordance with the applicable definition in effect at the time* |
| [ ]   | Yes |[ ]  No |  |  |
| [ ]  | <1 year | [ ]  | 1 year | [ ]  | ≥2 years |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| **Rapid Rehousing (RRH) ONLY**: The Agency has experience operating a rapid rehousing project providing short- and/or medium-term tenant-based rental assistance. If YES, indicate the number of years of experience and list at least one (1) project name and funding source of a RRH project currently operated by the agency.  |
| [ ]   | Yes |[ ]  No |  |  |
| [ ]  | <1 year | [ ]  | 1 year | [ ]  | ≥2 years |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| **Low Barrier Experience**: The Agency has experience successfully implementing a project using a Low Barrier approach. If YES, list at least one (1) project name and funding source of a low-barrier project currently operated by the agency.  |
| [ ]   | Yes |[ ]  No |  |  |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| **Housing First Experience**: The Agency has experience successfully implementing a project using a housing first approach. If YES, list at least one (1) project name and funding source of a housing first project currently operated by the agency.  |
| [ ]   | Yes |[ ]  No |  |  |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| 1. Project Name:
 |       | Funding Source: |       |
| **Mainstream Services**: The agency has experience connecting participants to mainstream service systems. If YES, list at least one (1) service system that the agency consistently connects participants to.  |
|[ ]  Yes |[ ]  No |  |  |
| 1. Service System:
 |       | 1. Service System:
 |       |
| 1. Service System:
 |       | 1. Service System:
 |       |
| 1. Service System:
 |       | 1. Service System:
 |       |

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| **Authorized Signature of Applicant**: To the best of my knowledge and belief, all information in this Local Letter of Intent is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding. By signing below, I hereby certify that the Agency does not have any outstanding monitoring or audit findings from any federal, state, or local entity.  |
| Signature of Authorized Representative:  |  |
| Typed Name: |       | Date Signed:  |       |
| Title: |       |

**Local Letters of Intent for New Projects must be received by 4:00PM on Friday, July 17th, 2018**