**SC Upstate Continuum of Care Letter of Intent Request**

Letters of Intent (LOI) are requested from all Upstate member agencies intending to make new application for the 2018 Continuum of Care (CoC) national competition for projects within the 13 counties of the Upstate. All applicants and any subcontractors must be CoC members in good standing prior to submission of the letter of intent. For information pertaining to program eligibility, definitions, and requirements please refer to [www.onecpd.info](http://www.onecpd.info). **Letters of intent for each project must be submitted no later than Monday, July 9, 2018 by 5pm.** Please submit letters of intent and any questions to Daniel Cooper (dcooper@uhcsc.org)

Agency Name:

Program Name:

Contact Name, Phone & Email:

New project Project renewal

Component type proposed:

Is the applicant delinquent of federal debt or debarred? Yes No

**REQUIRED DOCUMENTS:**

Roster of current Board of Directors *(check to confirm attachment)*

Most recent audit *(check to confirm attachment)*

 (If no audit available, must provide 990 and/or year-end financial statement)

Overview of your program:

What percentage of your total program budget reflects CoC HUD funding?

For new projects, describe how your project meets HUD stated priorities in the 2018 registration notice (<https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Registration-Notice.pdf>):

Does your project participate fully in the Community’s HMIS and Coordinated Entry System?

Describe your program’s population focus (include information such as any subpopulations, dedicated beds, and numbers expected to be served by population and subpopulation):

Describe where you’re your project is located and the *primary geography* served:

Maximum length of assistance provided:

Describe the housing in depth – the number of units - are the units in the same location or scattered site?

Describe your HMIS data quality and staffing to ensure accurate and timely data entry:

Describe your outreach efforts to reach potential participants:

Describe your eligibility requirements and efforts to reduce barriers to entry:

Describe your HUD required performance measures and your program’s success in meeting or exceeding those measures as of your most recent APR (self-prescribed measures should not be reported):

Describe the condition of your property(s) and resources for maintenance:

Describe your internal controls and grants management procedures:

Describe your sustainability plans if HUD funds were diminished/not available:

**Sources of Match/Leverage**:

Value of cash commitments (during the expected grant term): $

Value of in-kind commitments (during the expected grant term): $

Value of all commitments: $

**Budget proposed (ensure that all line items are eligible):**

**Supportive Services:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** |  **Annual Assistance Requested**  |
| 1. Assessment of service needs |   |   |
| 2. Assistance with moving costs |   |   |
| 3. Case management |   |   |
| 4. Child care |   |   |
| 5. Education Services |   |   |
| 6. Employment Assistance |   |   |
| 7. Food |   |   |
| 8. Housing/Counseling Services |   |   |
| 9. Legal Services |   |   |
| 10. Life Skills |   |   |
| 11. Mental Health Services |   |   |
| 12. Outpatient Services |   |   |
| 13. Outreach Services |   |   |
| 14. Substance Abuse Treatment Services |   |   |
| 15. Transportation |   |   |
| 16. Utility Deposits |   |   |
| 17. Operating Costs |   |   |
| **Total Annual Assistance Requested** |  |  **$ -**  |

**Operating Budget:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** |  **Annual Assistance Requested**  |
| 1. Maintenance/Repair |   |   |
| 2. Property Taxes and Insurance |   |   |
| 3. Replacement Reserve |   |   |
| 4. Building Security |   |   |
| 5. Electricity, Gas, and Water |   |   |
| 6. Furniture |   |   |
| 7. Equipment  |   |   |
| **Total Annual Assistance Requested** |  |  **$ -**  |

**Summary Budget:**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** |  **Annual Assistance Requested**  |
| 1. Leased Units |   |   |
| 2a. Leased Structures |   |   |
| 2b. Rental Assistance |   |   |
| 3. Supportive Services |   |   |
| 4. Operating |   |   |
| 5. HMIS |   |   |
| 6. Subtotal |   |   |
| 7. Admin |   |   |
| 8. Total Assistance Requested |   |   |
| 9. Cash Match |   |   |
| 10. In-Kind Match |   |   |
| 11. Total Match |   |   |
| 12. Total Budget |   |   |