

**Letter of Intent for CoC Program Grant Transfer**

Applicant Agency Name:

Contact Name:

Email:

Phone Number:

**Grant Information**:

Community Link, Northern PSH Combo, NC0221L4F032212

 *Project Type*: Permanent Supportive Housing

 *Counties served*: Alamance, Caswell, Chatham, Person, Franklin, Granville, Halifax, Warren, Vance,

and Rockingham (NC BoS CoC Region 6 & part of Region 9)

 *Budget*: $1,453,687($1,255,740 in Rental Assistance; $127,836 in Supportive Services; $70,111 in

Administrative Costs)

*Beds/Units*: 201 beds in 119 units and 201 beds

Grant operating year: 06/01/2024 – 05/31/2025

**All applicants must answer the following questions:**

Does the agency currently serve the geographic area covered by the grant? If not, what will the agency do to prepare to serve the area that is not currently covered?

Describe the agency’s plans to provide adequate staffing for the new grant (including housing location, case management, and grant administration). Please note that Community Link has requested that their current program staff transfer to the new agency to continue services.

A 25% match is required on all grants. Match may be cash, in-kind, or a combination. Describe the agency’s plan to secure the required match. (If selected to receive the grant(s), the agency will be required to submit documentation of the required match prior to signing the grant agreement.)

CoC grant funds are provided on a reimbursement basis. Describe the agency’s financial capacity to administer a reimbursement-based grant.

Does the agency commit to following the Housing First model? Please check the boxes below that the agency commits to.

 The agency will NOT screen out participants for:

[ ]  Having too little or no income

[ ]  Active or history of substance abuse

[ ]  Having a criminal record (with exceptions for state-mandated restrictions)

[ ]  Having a history of domestic violence (e.g. lack of protective order, separation from abuser, or law enforcement involvement)

 The agency will NOT terminate participants for:

[ ]  Failure to participate in supportive services

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Domestic violence

[ ]  Any other activity not covered in a lease agreement typically found in the project’s geographic area

Does the agency commit to following the PSH Key Elements as defined by SAMHSA? Please check the boxes below that the agency commits to.

[ ]  Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.

[ ]  Participation in services is voluntary and tenants cannot be evicted for rejecting services.

[ ]  House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.

[ ]  Housing is not time-limited, and the lease is renewable at tenants’ and owners’ option.

[ ]  Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.

[ ]  As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes.

[ ]  Before moving into permanent housing, tenants are asked about their housing preference and are offered the same range of choices as are available to others at their income level in the same housing market.

[ ]  Support services promoting recovery are designed to help tenants choose, get, and keep housing. In all forms of permanent supportive housing, the staff helps tenants establish a household, meet the obligation of tenancy (such as paying rent on time), and get along with neighbors.

[ ]  The provision of housing and the provision of support services are distinct.

Does the agency agree to participate in the local coordinated entry process as designed by the Regional Committee(s) and only take referrals from the system’s prioritization waiting list?

[ ]  Yes

[ ]  No

**Only applicants that do not have an existing CoC Program-funded PSH grant must answer the following questions. \*Please note that all non-CoC Program-funded agencies will also need to submit additional documentation identified in the Request for Proposals.**

What type of organization is your agency?

[ ]  Nonprofit

[ ]  Public Housing Authority

[ ]  Unit of local government

**Nonprofits Only**: Has the agency been in operation for at least 3 years?

[ ]  Yes

If yes, what year did the agency begin operations?

[ ]  No

Does the agency commit to enter 100% of the project’s beds into HMIS?

[ ]  Yes

[ ]  No