



SAN JOAQUIN
CONTINUUM OF CARE

FY 2026 CONTINUUM OF CARE PROGRAM

NOTICE

**Local Letter of Intent for
Renewal and New Projects**

**Letters of Intent for both renewal and new projects must be received by
4:00 PM on Wednesday, June 17, 2026**

LATE AND/OR INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED

FY 2026 Continuum of Care Program Notice

INTRODUCTION

The San Joaquin Continuum of Care (SJCoC) is soliciting Letters of Intent to Apply for the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program funding round. This 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 (SJC) is the Collaborative Applicant designated by the SJCoC responsible for completing and submitting the applications on behalf of the SJCoC. Additional information on the HUD CoC Program can be found [here](#).

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.

The SJCoC may request additional materials and/or information at a later date. All proposed projects must meet baseline standards of the FY2026 NOFO. In deciding to answer the Letter of Intent, potential applicants should review and fully understand the FY2026 NOFO.

RENEWAL PROJECTS

Currently awarded CoC projects that end in calendar year 2027 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 FY2026.

NEW PROJECTS

Applicants for new projects must complete the Letter of Intent for New Projects. New project applicants, if selected by the SJCoC to submit a full application to HUD in the FY 2026 Competition, will be required to attend a mandatory informational session at a date and place to be determined in order to move forward. Respondents to the Letter of Intent which are selected by the SJCoC to submit the full application will be informed of the session's date and location after the deadline for Letter of Intent submission.

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, the following program components:

Permanent Housing (PH)

- Permanent Supportive Housing (PSH)*
Long-term leasing or rental assistance with supportive services for chronically homeless households. Programs can operate on a project-based or scattered-site model.

- Rapid Re-housing (RRH)
Short/Medium-term tenant-based leasing or rental assistance with supportive services for individuals and families who need temporary assistance on their path to stable housing.

Supportive Services Only – Coordinated Entry (SSO – CE)

- Projects must propose to develop or operate a centralized or coordinated entry system in consultation with SJCoC leadership.

Dedicated Homeless Management Information Systems (HMIS)

- Only the HMIS Lead is eligible to apply for a new project under this component type.

Transitional Housing

- Programs dedicated to serving homeless households, including the provision of treatment and supportive services.

Joint TH and PH-RRH

- A Joint TH and PH-RRH Component project is a project type that includes two existing program components—TH and PH-RRH—in a single project to serve individuals and families experiencing homelessness. Applicants must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all program participants up to 24 months as needed by the program participants. For FY2026 Program Competition HUD will allow renewal project applications for Joint TH/PH-RRH component projects. HUD will not accept new Joint TH/PH-RRH component project applications.

Domestic Violence (DV) Bonus

- Since FY 2019, HUD has made available as part of the annual CoC Program Competition funding specifically for new project applications to assist survivors of domestic violence, dating violence, and stalking. To be considered for the DV Bonus, new projects must be:
 - (a) PH-RRH projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless (24 CFR 578.3);
 - (b) Joint TH/PH-RRH component projects defined in Section III.B.2.r of this NOFO dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking who are defined as homeless (24 CFR 578.3); or
 - (c) SSO-CE project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

MAXIMUM AMOUNT OF FUNDING AVAILABLE (24 CFR 578.17)

Funding availability for renewal projects is dependent upon the amount made available by the HUD allocation method, called the Estimated Annual Renewal Demand. Funding for new projects is dependent upon information contained in the HUD FY2026 NOFO, 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 (SJC) 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. All applicants should be prepared to provide documentation demonstrating match funding.

DATA COMPLETENESS

All projects that are funded by the CoC Program Competition are required to enter data into the HMIS. In order to report meaningful information from HMIS, data must be as complete as possible and contain all required information on all people served. All projects must collect all of the following Universal Data Elements for every individual served by the project, and must do so to the following accuracy level:

	CoC target
Name	99% +/- 1%
Social Security Number	90% +/- 10%
Date of Birth	99% +/- 1%
Race	98% +/- 2%
Ethnicity	98% +/- 2%
Gender	99% +/- 1%
Veteran Status	99% +/- 1%
Disabling Condition	98% +/- 2%
Program entry date	100%
Program exit date	100%
Relationship to Head of Household	100%
Housing Move-in date	100%
Living Situation (at entry)	98% +/- 2%
Destination	
Transitional programs	95% +/- 5%
Homeless Prevention	100%
Rapid Re-housing	95% +/- 5%
Permanent supportive housing	95% +/- 5%

Specific Program data elements may be required based on your funding source(s). Complete, current HUD data standards requirements are available at:

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf> and
<https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf>

SUBMISSION REQUIREMENTS

The applicant is required to enter all proposed project information into the electronic application system managed by HUD, called [eSnaps](#). Applicants that submit Letters of Intent must communicate with the Collaborative Applicant to obtain sign-in access to eSnaps. Applicants proposing renewal and/or new projects will be solely responsible for entering information about their proposed projects in a complete manner before the posted deadline for project submissions. Failure to do so will result in projects not being funded.

DEADLINE: Local Letters of Intent for both renewal and new projects must be received by 4:00pm on Wednesday, June 17, 2026. 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 Neighborhood Preservation's Office. Applicants submitting in person must

ensure their application cover sheet is time-stamped by County staff. Applicants are encouraged to submit their Letters of Intent prior to the deadline.

Technical assistance questions may be directed to Courtney Nagy, San Joaquin County Human Services Agency Neighborhood Preservation Unit, at 209-953-7244 or cnagy@sjgov.org.

**Submit signed electronic copies of Letters of Intent to
cnagy@sjgov.org**

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

400 E. Main Street

Stockton, CA 95202

ATTN: Courtney Nagy

[HTTPS://WWW.SJGOV.ORG/DEPARTMENT/HSA/DEPARTMENTS/NEIGHBORHOOD-PRESERVATION](https://www.sjgov.org/departments/hsa/departments/neighborhood-preservation)

**NOTE: LETTERS OF INTENT MUST BE SUBMITTED EITHER BY E-MAIL OR IN
PERSON. SUBMISSIONS BY MAIL WILL NOT BE ACCEPTED.**

DEFINITIONS APPLICABLE TO THIS FUNDING NOTICE

<p>Acquisition (refer to 24 CFR 578.43)</p>	<p>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.</p>
<p>Chronically Homeless (refer to 24 CFR 578.3)</p>	<p>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.</p>
<p>Coordinated Entry System</p>	<p>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.</p>
<p>Homeless (refer to 24 CFR 578.3 and the Defining “Homeless” Rule)</p>	<p>An individual or family who lacks a fixed, regular, and adequate nighttime residence.</p>
<p>New Construction (refer to 24 CFR 578.47)</p>	<p>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.</p>
<p>Operating Costs (refer to 24 CFR 578.55)</p>	<p>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.</p>
<p>Permanent Housing (refer to 24 CFR 578.3)</p>	<p>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.</p>
<p>Permanent Supportive Housing (refer to 24 CFR 578.3 and the Defining “Homeless” Rule)</p>	<p>Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.</p>
<p>Rapid Rehousing (refer to 24 CFR 578.37(a)(1)(ii))</p>	<p>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.</p>
<p>Rehabilitation (refer to 24 CFR 578.45)</p>	<p>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.</p>
<p>Leasing (refer to 24 CFR 578.49)</p>	<p>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.</p>

<p>Severe Service Needs (refer to Notice CPD-16-011)</p>	<p>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.</p>
<p>Supportive Services (refer to 24 CFR 578.53)</p>	<p>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.</p>
<p>Tenant-Based Rental Assistance</p>	<p>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.</p>
<p>Transitional Housing (refer to 24 CFR 578.37)</p>	<p>Housing where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.</p>
<p>Youth</p>	<p>Persons under 25 years of age.</p>

FY 2026 San Joaquin Continuum of Care Program Funding Notice
RENEWAL LETTER OF INTENT

PROJECT NAME AND TYPE:
ORGANIZATION INFORMATION
AGENCY: _____
PRIMARY CONTACT NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
UEI: _____
PROJECT NUMBER: _____
PROJECT START DATE: _____

INTENT TO REAPPLY
THE AGENCY INTENDS TO APPLY FOR RENEWAL FUNDING IN FISCAL YEAR (FY) 2026.
<input type="checkbox"/> YES <input type="checkbox"/> NO

THRESHOLD CRITERIA: PROJECTS THAT DO NOT MEET THE THRESHOLD CRITERIA WILL NOT BE CONSIDERED
PROJECT IS CONSISTENT WITH THE REGIONAL HOMELESS ACTION PLAN
<input type="checkbox"/> YES <input type="checkbox"/> NO
PROJECT IS CONSISTENT WITH THE CONSOLIDATED PLAN OF THE CITY/COUNTY IN WHICH IT IS PROPOSED
<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY CONDUCTS AN ANNUAL AUDIT FROM A CERTIFIED PUBLIC ACCOUNTANT AND HAS NO OUTSTANDING FINDINGS
<input type="checkbox"/> YES <input type="checkbox"/> NO
PROJECT COMPLIES WITH THE REQUIREMENTS OF THE COC INTERIM RULE (24 CFR PART 578)
<input type="checkbox"/> YES <input type="checkbox"/> 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.
<input type="checkbox"/> YES <input type="checkbox"/> NO
COC INTERIM RULE COMPLIANCE: THE PROJECT PARTICIPATES IN THE SAN JOAQUIN CA-511 HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS).
<input type="checkbox"/> YES <input type="checkbox"/> NO

SUPPORT AND SELF-SUFFICIENCY	
SUPPORT: THE PROJECT PROVIDES SUPPORT SERVICES	
CASE MANAGEMENT	<input type="checkbox"/>
SUBSTANCE USE TREATMENT OR LINKS TO SUCH TREATMENT	<input type="checkbox"/>
MENTAL HEALTH SERVICES OF LINKS TO SUCH SERVICES	<input type="checkbox"/>
HOUSING NAVIGATION/LOCATION SERVICES	<input type="checkbox"/>
HISTORY OF DOMESTIC VIOLENCE (E.G., LACK OF A PROTECTIVE ORDER, PERIOD OF SEPARATION FROM ABUSER, OR LAW ENFORCEMENT INVOLVEMENT)	<input type="checkbox"/>
SELF-SUFFICIENCY: THE PROJECT TAKES MEASURES TO MOVE HOUSEHOLDS TOWARD SELF-SUFFICIENCY	
PARTICIPANTS MUST AGREE TO A SERVICE PLAN OR SIMILAR	<input type="checkbox"/>

PROJECT DETAIL
PROJECT DESCRIPTION (INCLUDE PROGRAM COMPONENT FOR WHICH YOU ARE APPLYING)
SPECIAL POPULATION FOCUS (ALL PROJECTS)
INDICATE WHETHER THE PROJECT WILL HAVE AN EXCLUSIVE FOCUS (IN ITS FACILITIES, PROGRAM DESIGNS, TOOLS, OUTREACH OR METHODOLOGIES) TO SERVE ONE (1) OR MORE OF THE FOLLOWING SUBPOPULATIONS:
<input type="checkbox"/> CHRONICALLY HOMELESS INDIVIDUALS AND/OR FAMILIES
<input type="checkbox"/> VETERANS
<input type="checkbox"/> FAMILIES WITH CHILDREN
<input type="checkbox"/> YOUTH (UNDER AGE 25)
<input type="checkbox"/> VICTIMS OF DOMESTIC VIOLENCE

PLEASE DESCRIBE HOW YOUR PROJECT ALIGNS WITH THE REGIONAL HOMELESS ACTION PLAN.

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 4:00pm on Wednesday, June 17, 2026.

FY 2026 Continuum of Care Program Funding Notice
LOCAL LETTER OF INTENT FOR NEW PROJECTS

PROJECT NAME AND TYPE:
ORGANIZATION INFORMATION
AGENCY: _____
PRIMARY CONTACT NAME: _____
MAILING ADDRESS: _____

PHONE NUMBER: _____
EMAIL ADDRESS: _____
UEI: _____

ESTIMATED AMOUNT OF REQUESTED FUNDING
INDICATE THE TOTAL AMOUNT OF CoC PROGRAM FUNDING REQUESTED, NOT INCLUDING MATCH FUNDING.

MANDATORY NEW PROJECT APPLICANT MEETING
THE AGENCY INTENDS TO ATTEND THE MANDATORY MEETING FOR NEW PROJECT APPLICANTS FOR FISCAL YEAR (FY) 2026.
<input type="checkbox"/> YES <input type="checkbox"/> NO

THRESHOLD CRITERIA: PROJECTS THAT DO NOT MEET THE THRESHOLD CRITERIA <u>WILL NOT BE CONSIDERED</u>
PROJECT IS CONSISTENT WITH THE REGIONAL HOMELESS ACTION PLAN
<input type="checkbox"/> YES <input type="checkbox"/> NO
PROJECT IS CONSISTENT WITH THE CONSOLIDATED PLAN OF THE CITY/COUNTY IN WHICH IT IS PROPOSED
<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY CONDUCTS AN ANNUAL AUDIT FROM A CERTIFIED PUBLIC ACCOUNTANT AND HAS NO OUTSTANDING FINDINGS
<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY WILL COMPLY WITH ALL REQUIREMENTS OF THE CoC INTERIM RULE (24 CFR PART 578)
<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY HAS A VALID 501C3 DETERMINATION OR PROOF OF GOVERNMENT ENTITY STATUS
<input type="checkbox"/> YES <input type="checkbox"/> NO
CoC INTERIM RULE COMPLIANCE: THE AGENCY WILL PARTICIPATE IN THE SAN JOAQUIN CoC HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) AND REGULAR MEETINGS.
<input type="checkbox"/> YES <input type="checkbox"/> NO

PROJECT TYPE: IN ALIGNMENT WITH HUD PRIORITIES, THE PROJECT IS:

- A) PERMANENT SUPPORTIVE HOUSING DEDICATED TO SERVING CHRONICALLY HOMELESS**
- B) 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**
- C) 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**
- D) TRANSITIONAL HOUSING DEDICATED TO HOMELESS HOUSEHOLDS**
- E) SUPPORT SERVICE ONLY PROJECTS DEDICATED TO HOMELESS HOUSEHOLDS**
- F) OUTREACH PROJECTS DEDICATED TO UNSHELTERED HOMELESS HOUSEHOLDS**

SUPPORT AND SELF-SUFFICIENCY

SUPPORT: THE PROJECT PROVIDES SUPPORT SERVICES

CASE MANAGEMENT

SUBSTANCE USE TREATMENT OR LINKS TO SUCH TREATMENT

MENTAL HEALTH SERVICES OF LINKS TO SUCH SERVICES

HOUSING NAVIGATION/LOCATION SERVICES

HISTORY OF DOMESTIC VIOLENCE (E.G., LACK OF A PROTECTIVE ORDER, PERIOD OF SEPARATION FROM ABUSER, OR LAW ENFORCEMENT INVOLVEMENT)

SELF-SUFFICIENCY: THE PROJECT TAKES MEASURES TO MOVE HOUSEHOLDS TOWARD SELF-SUFFICIENCY

PARTICIPANTS MUST AGREE TO A SERVICE PLAN OR SIMILAR

AGENCY DETAIL

HAS YOUR ORGANIZATION OPERATED ANY COC-FUNDED PROGRAMS IN THE LAST THREE YEARS? IF YES, PLEASE EXPLAIN.

***PLEASE INCLUDE ONLY PROGRAMS FUNDED THROUGH THE COC PROGRAM COMPETITION; PROGRAMS FUNDED THROUGH A COC BY OTHER LOCAL, STATE, OR FEDERAL SOURCES WOULD NOT APPLY.**

HAS YOUR ORGANIZATION OPERATED ANY ESG-FUNDED PROGRAMS IN THE LAST THREE YEARS? IF YES, PLEASE EXPLAIN.

HAS YOUR ORGANIZATION OPERATED A PERMANENT SUPPORTIVE HOUSING OR RAPID RE-HOUSING PROGRAM IN THE PAST THREE YEARS USING ANY FUNDING SOURCE? IF YES, PLEASE EXPLAIN.

PLEASE DESCRIBE HOW YOUR PROJECT ALIGNS WITH THE REGIONAL HOMELESS ACTION PLAN.
HAS THE PROJECT FOR WHICH YOU ARE APPLYING BEEN IN OPERATION PRIOR TO THE CURRENT FISCAL YEAR? IF YES, PLEASE EXPLAIN.
HOW DOES THIS PROJECT PRIORITIZE SERVING CHRONICALLY HOMELESS INDIVIDUALS?
DESCRIBE YOUR ORGANIZATION’S PLAN FOR RAPID IMPLEMENTATION OF THIS PROJECT. HOW WILL THE PROJECT BE READY TO BEING HOUSING THE FIRST PROGRAM PARTICIPANT.

PROGRAM COMPONENT FOR WHICH YOU ARE APPLYING (SELECT ONE ONLY)	
PERMANENT SUPPORTIVE HOUSING (refer to 24 CFR 578.3 and the Defining “Homeless” Rule)	<input type="checkbox"/>
RAPID RE-HOUSING PERMANENT HOUSING (refer to 24 CFR 578.37(a)(1)(ii))	<input type="checkbox"/>
SUPPORT SERVICES ONLY (refer to 24 CFR 578.3)	<input type="checkbox"/>
HMIS / COORDINATED ENTRY	<input type="checkbox"/>
TRANSITIONAL HOUSING	<input type="checkbox"/>

UNDERSTANDING OF ELIGIBLE EXPENSES, MATCH FUNDING REQUIREMENT, RECORDKEEPING REQUIREMENT

THE AGENCY HAS FULLY READ AND UNDERSTANDS THE ELIGIBLE EXPENSES FOR COC PROGRAM COMPETITION FUNDING, UNDERSTANDS THAT PROJECTS AWARDED COC PROGRAM COMPETITION FUNDING MUST MATCH 25% OF THE TOTAL AWARD WITH REAL DOLLARS SPENT TOWARD THAT PROJECT AND PROVIDE PROOF OF MATCH, AND WILL BE REQUIRED TO TRACK ALL EXPENSES AND MAINTAIN ACCURATE CLIENT FILES THAT DEMONSTRATE CLIENTS SERVED MEET ELIGIBILITY STANDARDS FOR SERVICE WITH COC PROGRAM COMPETITION FUNDING.

YES NO

PROJECT DETAIL

PROJECT DESCRIPTION (LIMIT RESPONSE TO THE SPACE PROVIDED)

Empty space for project description.

SPECIAL POPULATION FOCUS (ALL PROJECTS)

INDICATE WHETHER THE PROJECT WILL HAVE EXCLUSIVE FOCUS (IN ITS FACILITIES, PROGRAM DESIGNS, TOOLS, OUTREACH OR METHODOLOGIES) TO SERVE ONE (1) OR MORE OF THE FOLLOWING SUBPOPULATIONS:

- CHRONICALLY HOMELESS INDIVIDUALS AND/OR FAMILIES
- VETERANS
- FAMILIES WITH CHILDREN
- YOUTH (UNDER AGE 25)
- VICTIMS OF DOMESTIC VIOLENCE

FOR PERMANENT SUPPORTIVE HOUSING ONLY		
HOUSING ASSISTANCE: THE PROJECT WILL PROVIDE THE FOLLOWING TYPE OF HOUSING ASSISTANCE:		
<input type="checkbox"/> LEASING	<input type="checkbox"/> RENTAL ASSISTANCE	<input type="checkbox"/> OPERATING COSTS
IF LEASING, SELECT THE APPLICABLE TYPE OF LEASING: <input type="checkbox"/> LEASED STRUCTURE <input type="checkbox"/> SCATTERED-SITE LEASING	IF RENTAL ASSISTANCE WILL BE PROVIDED, SELECT THE APPLICABLE TYPE OF RENTAL ASSISTANCE: <input type="checkbox"/> PROJECT-BASED RENTAL ASSISTANCE <input type="checkbox"/> SPONSOR-BASED RENTAL ASSISTANCE <input type="checkbox"/> 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:		
<input type="checkbox"/> YES <input type="checkbox"/> NO, SPECIFY TARGET POPULATION:		

FOR RAPID REHOUSING ONLY
HOUSING ASSISTANCE: THE PROJECT WILL PROVIDE THE FOLLOWING TYPE OF HOUSING ASSISTANCE:
<input type="checkbox"/> 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
<input type="checkbox"/> YES <input type="checkbox"/> NO (SPECIFY TARGET POPULATION):

AGENCY EXPERIENCE & CAPACITY										
FEDERAL FUNDING: LIST ALL FEDERALLY FUNDED PROJECTS CURRENTLY OPERATED BY THE AGENCY, IF ANY, IN ORDER OF GRANT SIZE (MAXIMUM FIVE).										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">1. PROJECT NAME: _____</td> <td style="width: 50%; border: none;">FEDERAL PROGRAM: _____</td> </tr> <tr> <td style="border: none;">2. PROJECT NAME: _____</td> <td style="border: none;">FEDERAL PROGRAM: _____</td> </tr> <tr> <td style="border: none;">3. PROJECT NAME: _____</td> <td style="border: none;">FEDERAL PROGRAM: _____</td> </tr> <tr> <td style="border: none;">4. PROJECT NAME: _____</td> <td style="border: none;">FEDERAL PROGRAM: _____</td> </tr> <tr> <td style="border: none;">5. PROJECT NAME: _____</td> <td style="border: none;">FEDERAL PROGRAM: _____</td> </tr> </table>	1. PROJECT NAME: _____	FEDERAL PROGRAM: _____	2. PROJECT NAME: _____	FEDERAL PROGRAM: _____	3. PROJECT NAME: _____	FEDERAL PROGRAM: _____	4. PROJECT NAME: _____	FEDERAL PROGRAM: _____	5. PROJECT NAME: _____	FEDERAL PROGRAM: _____
1. PROJECT NAME: _____	FEDERAL PROGRAM: _____									
2. PROJECT NAME: _____	FEDERAL PROGRAM: _____									
3. PROJECT NAME: _____	FEDERAL PROGRAM: _____									
4. PROJECT NAME: _____	FEDERAL PROGRAM: _____									
5. 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 (PLEASE ALSO DESCRIBE BELOW)										
<input type="checkbox"/> YES <input type="checkbox"/> 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 ([24 CFR § 578.3](#)). IF YES, INDICATE THE NUMBER OF YEARS OF EXPERIENCE AND LIST THE NAME AND FUNDING SOURCE OF ALL PROJECTS SERVING HOMELESS HOUSEHOLDS (AS DEFINED BY HUD) CURRENTLY OPERATED BY THE AGENCY IN ORDER OF GRANT SIZE (MAXIMUM FOUR).

- YES NO
 <1 YEAR 1 TO 2 YEARS ≥3 YEARS

1. PROJECT NAME:	_____	FUNDING SOURCE:	_____
2. PROJECT NAME:	_____	FUNDING SOURCE:	_____
3. PROJECT NAME:	_____	FUNDING SOURCE:	_____
4. 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 THE NAME AND FUNDING SOURCE OF ALL PROJECTS SERVING CHRONICALLY HOMELESS HOUSEHOLDS CURRENTLY OPERATED BY THE AGENCY IN ORDER OF GRANT SIZE (MAXIMUM FOUR).

**IN ACCORDANCE WITH THE APPLICABLE DEFINITION IN EFFECT AT THE TIME*

- YES NO
 <1 YEAR 1 YEAR ≥2 YEARS

1. PROJECT NAME:	_____	FUNDING SOURCE:	_____
2. PROJECT NAME:	_____	FUNDING SOURCE:	_____
3. PROJECT NAME:	_____	FUNDING SOURCE:	_____
4. 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 THE NAME AND FUNDING SOURCE OF ALL RRH PROJECTS CURRENTLY OPERATED BY THE AGENCY IN ORDER OF GRANT SIZE (MAXIMUM FOUR).

- YES NO
 <1 YEAR 1 YEAR ≥2 YEARS

1. PROJECT NAME:	_____	FUNDING SOURCE:	_____
2. PROJECT NAME:	_____	FUNDING SOURCE:	_____
3. PROJECT NAME:	_____	FUNDING SOURCE:	_____
4. PROJECT NAME:	_____	FUNDING SOURCE:	_____

LOW BARRIER EXPERIENCE: THE AGENCY HAS EXPERIENCE SUCCESSFULLY IMPLEMENTING A PROJECT USING A LOW BARRIER APPROACH. IF YES, LIST THE NAME AND FUNDING SOURCE OF ALL LOW-BARRIER PROJECTS CURRENTLY OPERATED BY THE AGENCY IN ORDER OF GRANT SIZE (MAXIMUM FOUR).

YES NO

1. PROJECT NAME: _____	FUNDING SOURCE: _____
2. PROJECT NAME: _____	FUNDING SOURCE: _____
3. PROJECT NAME: _____	FUNDING SOURCE: _____
4. PROJECT NAME: _____	FUNDING SOURCE: _____

MAINSTREAM SERVICES: THE AGENCY HAS EXPERIENCE CONNECTING PARTICIPANTS TO MAINSTREAM SERVICE SYSTEMS. IF YES, LIST ALL SERVICE SYSTEMS THAT THE AGENCY CONSISTENTLY CONNECTS PARTICIPANTS TO (MAXIMUM SIX).

YES NO

1. SERVICE SYSTEM: _____	2. SERVICE SYSTEM: _____
3. SERVICE SYSTEM: _____	4. SERVICE SYSTEM: _____
5. SERVICE SYSTEM: _____	6. SERVICE SYSTEM: _____

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 Wednesday, June 17, 2026.