



Montana Continuum of Care FY2023 NOFO Letter of Intent

All new projects wishing to apply for Montana Continuum of Care (CoC) funding in the FY2023 HUD CoC Competition must complete the following information and submit via email to david@mtcoc.org by **May 26, 2023**.

If your project is selected for inclusion in Montana Continuum of Care Consolidated Application for the FY2023 NOFO Competition, additional project application materials will be requested by the Montana Continuum of Care. Materials will be distributed to applicants via e-mail and posted on the Montana Continuum of Care website. The application process also requires the completion of a project application in HUD's *e-snaps* system.

Instructions for setting up an *e-snaps* Applicant Profile can be found here:

<https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf>

Applicant Information

Name of Agency	
Name of Project	
UEI (if applicable)	
SAM # (if applicable)	
Primary Contact Name	
Primary Contact Email	
Secondary Contact Name	
Secondary Contact email	

1) Please provide a brief description of your agency, including your service area and services provided (suggested word count: 50-100 words):
2) Does current staff at your agency have experience administering HUD CoC funds or similar funding streams within the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No
2a) If yes, please provide a brief explanation citing specific funding sources (suggested word count: 50-100 words):
3) Does your agency meet all Threshold Criteria as specified in the Request for Letters of Intent?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Project Information

1. The project component is:

- Permanent Housing – Permanent Supportive Housing (PSH)
- Permanent Housing – Rapid Rehousing (RRH)
- Joint Transitional Housing (TH) and Permanent Housing – Rapid Rehousing (RRH)
- Supportive Services Only
- Support Services Only – Coordinated Entry

2. Target Population (does not apply to HMIS or SSO-CES):

- Singles # ___units/___ beds Families # ___units/___ beds Youth # ___units/___ beds

3. Please list any specific target population(s) this project will serve (e.g., youth, veterans, domestic violence):

4. Proposed Start Date: _____ **Proposed End Date:** _____

5. Amount of funding requested: \$

Project Design and Budget

1) Please provide a description of your proposed project and include information on how the project will include the principles (suggested word count: 250-500): <ul style="list-style-type: none">• Housing first and Low Barrier• Rapid Implementation• Leveraging community resources
2) Please describe how this project will meet the needs of the community (suggested word count: 250-500 words):
2a) Is your project supported by or been prioritized by your local CoC? If yes, please attach a Letter of Support.
<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Please provide a budget/narrative for the proposed project (suggested word count: 250-500 words):

Continuum of Care Participation

- The applicant agrees to attend CoC Membership meetings and participate in a CoC Committee
- The applicant agency agrees to provide project level data to the CoC, including:
 - a) Participating in the annual point-in-time sheltered and unsheltered count;
 - b) Submitting Annual Performance Reports (APR) to the CoC in a timely manner;
 - c) Participating in CoC Planning, Gaps Analysis and Needs Assessments;
 - d) Submitting required LSA, HIC, PIT and GIW reports, as requested, in a timely manner.

Performance

1) Current CoC grantees: Has your agency served the number of participants/households in your contract?
<input type="checkbox"/> Yes <input type="checkbox"/> No
1a) If no, please provide any helpful narrative for the Scorecard Committee and Grants Review Panel to consider when reviewing your application. (suggested word count: 100-250 words):

2) As a project applicant new to the CoC, what examples can you provide of projects that you have operated that demonstrate that you are serving the population intended, that there are limited returns to homelessness, positive exits, and that clients are increasing their income (suggested word count: 100-250 words)?

Coordinated Entry (all applicants except SSO-CE and HMIS)

- Applicant participates in the Montana CoC Coordinated Entry System, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the Montana CoC Coordinated Entry Policies and Procedures. (Threshold)
- Applicant does not currently participate but agrees to participate in the Montana CoC Coordinated Entry System, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the Montana CoC Coordinated Entry Policies and Procedures. (Threshold)
- CE Participation not applicable – Applicant is applying for HMIS or SSO Coordinated Entry Project (Threshold)
- Agency staff currently complete Coordinated Entry assessments for the Montana CoC Coordinated Entry System.

Signature

By signing this form, you are agreeing that you are an authorized representative of the organization listed below and that you have verified and attest to the content of this Letter of Intent as submitted.

Authorized Representative Name	
Title	
Date	
Signature	

Additional Resources for Applicants

- Information about HUD's Continuum of Care Process is available at: https://www.hud.gov/program_offices/comm_planning/coc/competition
- Information about the Montana Continuum of Care NOFO process, including NOFO updates and announcements, is available at: <https://www.mtcoc.org/nofo-grants/>
- Applicants can email David O'Leary (david@mtcoc.org) with any questions about the NOFO process.