**Polk County Continuum of Care**

**2021 Continuum of Care Application**

**Letter of Interest – Renewal Project**

**OVERVIEW**

The LOI process will assist the Polk County Continuum of Care Board (CoCB) in understanding the expenditure rate and budgetary needs of existing projects and whether they will request renewal funding.

If your organization is planning to renew an existing Homeless Management Information System (HMIS), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Rapid Rehousing-TH (RRH-TH), Supportive Services Only-CI (SSO-CI), or Youth Homeless Demonstration Program (YHDP) project you must submit a *non-binding* LOI by email to **Angie Arthur at** [**aarthur@pchtf.org**](mailto:aarthur@pchtf.org) **no later than**  **July 12, 2021 at 12:00 PM.** LOI’s submitted after this deadline **WILL NOT** be accepted and the organization **WILL NOT** be considered for submitting a full project application for 2021 HUD CoC funds.Projects will be prioritized and ranked as described in the *2021 CoC Program Competition Priorities and Ranking.*

**ORGANIZATION**

Name: Click here to enter text.

Grant Contact Person: Click here to enter text.

Phone: Click here to enter text. Email:Click here to enter text.

**PROJECT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HUD Project Name** | **HUD Grant #** | **Program Type**  (PSH, RRH  TH-Y,  SSO-CI, HMIS) | **Expiration Date**  (mm/dd/yyyy) | **Total Grant Amount** | **Amount Drawn Down** | **Date of Last Draw** (mm/dd/yyyy) |
| Project Name | Project Name | Choose an item. | Click here for calendar | $0 | $0 | Click here for calendar |
| Project Name | Grant # | Choose an item. | Click here for calendar | $0 | $0 | Click here for calendar |
| Project Name | Grant # | Choose an item. | Click here for calendar | $0 | $0 | Click here for calendar |
| Project Name | Grant # | Choose an item. | Click here for calendar | $0 | $0 | Click here for calendar |

**MODIFICATIONS**

Have there been or will there be any significant changes in the project(s) listed above since the last funding approval?  **Yes**  **N**o

If yes, enter in the chart below, the grant number(s) of the grant(s) where changes have been/will be made and check all that apply for each grant listed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HUD Grant #** | **Number of persons served** | **Number of units** | **Number of beds** | **Location of project sites** | **Line item or cost category budget changes more than 10%** | **Grant Consolidation** |
| Grant # |  |  |  |  |  |  |
| Grant # |  |  |  |  |  |  |
| Grant # |  |  |  |  |  |  |
| Grant # |  |  |  |  |  |  |
| Grant # |  |  |  |  |  |  |
| Grant # |  |  |  |  |  |  |

Please explain, in detail, any change(s) and why the change(s) are being made:

**Person completing the Letter of Interest:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Title

*I certify, on behalf of my organization, that all information contained in this Letter of Interest is accurate and true to best of my knowledge and belief, and is consistent with my organization’s records. I understand and acknowledge that presenting false information or failing to provide accurate and complete information as required could have a negative impact on my organization’s application potentially including, but not limited to, rejection of my organization’s grant application.*

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Executive Director/CEO/President Date