

Letter of Intent Form: New Projects for the FY24 PA-504 CoC/Your Way Home  
Montgomery County HUD Grant Competition

**Funding Opportunity:** The PA-504 Continuum of Care (CoC), operating locally as Your Way Home Montgomery County, is soliciting Letters of Intent for new and renewal projects for possible inclusion in the HUD FY24 Continuum of Care Grant Competition. Last year, the CoC was eligible for up to \$3,872,560 in funding, including \$297,547 for new projects serving any eligible household type and an additional \$425,067 for new projects serving survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking. HUD should release the FY24 Grant Competition Notice of Funding Opportunity (NOFO) in the next several weeks. To learn more about the CoC and the FY24 local grant competition, please visit <https://yourwayhome.org/continuum-of-care>.

**New Project Applicant Instructions:** Organizations interested in submitting proposals for new projects are strongly encouraged to submit Letter of Intent Form(s) on or before **Friday, May 31, 2024, at 11:59 PM EST**. Applicants may submit more than one new project Letter of Intent but are required to submit separate forms for each.

Technical assistance for writing and submitting project applications in the HUD e-snaps grant portal will be available to both new and renewal project applicants after the NOFO is released.

**Eligible Organizations:** Eligible project applicants for the CoC Program Competition include nonprofit organizations, states, local governments, instrumentalities of state and local governments, Indian Tribes and TDHE (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996). Public housing agencies are eligible without limitation or exclusion. For-profit entities are ineligible to apply for grants or to be subrecipients of grant funds.

**Eligible Projects Types:**

- 1. Permanent Supportive Housing (PSH)** is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.
- 2. Rapid Re-Housing (RRH)** is permanent housing that provides short-term (up to three months) and medium-term (4-24 months) tenant-based rental assistance and supportive services to households experiencing homelessness.
- 3. Joint Transitional Housing/Rapid Re-housing (Joint TH/RRH)** combines two existing program components, Transitional Housing (TH) and RRH in a single project to serve individuals and families experiencing homelessness. They provide a safe place for people to stay - crisis housing - with financial assistance and wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible. Stays in the crisis housing portion of these projects should be brief and without preconditions, and participants should

**quickly move to permanent housing.**

**4. Supportive Services Only-Coordinated Entry (SSO-CE) projects enhance or expand the CoC's existing Coordinated Entry System.**

**5. Dedicated HMIS projects for the costs that can only be carried out by the HMIS Lead, the Montgomery County Department of Health and Human Services' Office of Housing and Community Development. The HMIS Lead may request funds for victim service providers (VSPs) to maintain a comparable database.**

\* 1. Please provide your organization's contact information.

<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text" value="-- select state --"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Website</b>	<input type="text"/>
<b>Social Media</b>	<input type="text"/>

\* 2. What is the contact information for the person authorized to submit this Letter of Intent?

<b>Name</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 3. Is your organization a member of the PA-504 Continuum of Care/Your Way Home Montgomery County?

- Yes
- No
- Don't know

\* 4. Does your organization use a Housing First approach to program and service delivery?

Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. CoC Program funded projects should help individuals and families move quickly into permanent housing, and CoCs should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners to identify housing units available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service methods. HUD encourages CoCs to assess how well Housing First approaches are being implemented in their communities.

- Yes
- No
- Don't know

Comments (optional):

\* 5. Will your organization employ the following strategies to advance equity and inclusion for all participants in the project for which you are submitting this LOI? (Check all that apply.)

- Help participants find and move into permanent housing as quickly as possible
- Let participants hold the lease in their own name (for housing projects only)
- Offer case management services after move in to ensure permanent housing stability
- Provide services without preconditions (ex. sobriety, drug testing, etc.)
- Provide services voluntarily (ex. participating in required financial literacy courses, religious activities, etc.)
- Actively incorporate participants in future program planning and quality improvement
- Train staff in trauma-informed, person-centered, and linguistically/culturally competent approaches

Comments (optional):

\* 6. What type of project does your organization intend to apply for?

- Permanent Supportive Housing
- Rapid Re-Housing
- Joint Transitional Housing-Rapid Re-Housing
- Coordinated Entry
- HMIS

\* 7. Which of the following best describes the population focus for this project?

- All household types
- Households fleeing, attempting to flee, or survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking only
- Specific household type(s) - specify in the comment box below (e.g., families w/children, returning citizens, immigrants, individuals with SMI or SUD diagnoses, veterans, people with intellectual or developmental disabilities, seniors, etc.)

Specific household types(s) to be served:

\* 8. Please provide a 2-3 sentence description of the project, including the project name if known.

\* 9. Will one-hundred percent (100%) of program participants be households in Montgomery County, Pennsylvania, whose current living situation is either:

1. Living on the street or other places not intended for human habitation;
2. Living in an emergency shelter or hotels/motels paid for by a government agency or charitable organization; OR
3. An institution like a prison or hospital where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution?

- Yes
- No

If no, what percent of the project will serve the households described above?

\* 10. How many households would this project serve in its first year of operation?

\* 11. What is the total proposed budget for this project?

\* 12. What percent of the project's budget will come from each of the following sources (estimates are acceptable)?

**Note:** The CoC Program requires a 25 percent match of the awarded grant amount minus funds for leasing. Cash or in-kind resources will satisfy the match requirement.

HUD CoC New Project Grant

Other Public Funding Sources

Other Private Funding Sources

In-Kind Contributions

13. **For TH-RRH, RRH, and PSH projects only:** How many housing units will the project create/develop...

Using HUD CoC New Project grant funds?

Using housing units already owned, leased, or operated by your organization?

\* 14. Will the project provide participants with healthcare services either directly, through partnerships, and/or through direct contributions from a public or private health insurance provider to the project (e.g., Medicaid)? (Check all that apply.)

**Note:** HUD will require written commitment from health care organizations with the value of the commitment and the date(s) healthcare resources will be provided.

- Primary care
- Substance use treatment or recovery
- Mental healthcare
- Assistance obtaining medical insurance
- None of the above

Other (please specify):

\* 15. Does your organization have an active SAM registration and UEI Number, which are required to be the recipient of federal grant funds?

- Yes
- No
- SAM registration in process

\* 16. Does your organization currently receive any grants from HUD?

- Yes
- No
- Don't know

\* 17. Does your organization have the following forms of representation? (Check all that apply.)

	Yes	No	Don't know
Under-represented or historically marginalized individuals (people of color, people who identify as LGBTQIA+, people with disabilities, etc.) in managerial and leadership positions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At least one person on the Board of Directors with the lived experience of homelessness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons with lived experience/expertise advisory board, council, committee, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (optional):

18. Please upload a document in PDF or MS Word format that includes your organization's non-discrimination and diversity, equity, and inclusion policies.

Choose File

Choose File

No file chosen

19. Please upload a document in PDF or MS Word format that includes demographic information on your organization's Board of Directors and leadership/management staff.

Choose File

Choose File

No file chosen

20. **OPTIONAL:** If you wish to up upload any additional documents or attachments related to your project or organization that support your submission, please do so here.

Choose File

Choose File

No file chosen