**City of Milwaukee Continuum of Care – WI-501**

**2022 Continuum of Care Program NOFOs Letter of Intent to Apply Instructions**

The Supplemental Unsheltered Homeless New Project Funding available in this year's CoC NOFO is estimated at **$17,817,947 (over 3 years).** These new funds can be used to fund a program that will provide Permanent Supportive Housing, Rapid Re-Housing, Joint Component, and/or Supportive Services Only Projects focusing on individuals experiencing homelessness. More information on the Supplemental NOFO can be found here: HUD CoC FY2022 Supplemental NOFO.

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Interested applicants should refer to the official HUD issued FY 2022 CoC Program Competition Supplemental NOFO to address Unsheltered Homelessness for additional details regarding any and all of these components and are encouraged to familiarize themselves with these documents to ensure proposed projects are eligible.

**How to Submit:** Any organization interested in applying for funds must complete the following LOI and submit it to Collaborative Applicant (City of Milwaukee) staff: Rafael Acevedo racevedo@milwaukee.gov, Emily Whitcomb ewhitc@milwaukee.gov , Gregg Higgins ghiggi@milwaukee.gov , Claire Shanahan cshana@milwaukee.gov by **Wednesday, September 14th by 5:00 PM.**

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**2022 Continuum of Care Program NOFOs Letter of Intent to Apply Form**

Organization Name: _____

Primary Point of Contact for NOFO communications:

_____

Name Title

_____

Phone Email

DUNS Number: _____UIE Number:_____

SAMS Number: _____ FID Number: _____

Current Annual Agency Budget: $ _____

Has the organization received Federal funding in the past: ☐ Yes ☐ No

If yes, provide the amount and most recent year received: _____

Has the organization received State or Local government funding in the past: ☐ Yes ☐ No

If yes, provide the amount and most recent year received: _____

Is your organization able to provide the 25% match if funded: ☐ Yes ☐ No

Funding Type Requesting:
☐ Supplemental–Unsheltered Homeless

Proposed Housing Type: ☐ Permanent Supportive Housing ☐ Rapid Re-housing ☐ Joint Component Project ☐ Supportive Services Only □ Master Leasing

Amount Requested: $_____ Projected Number of households to be Served: _____

Target Homeless Subpopulation (check all that apply):
☐ Chronic ☐ Unsheltered w/High Service Needs ☐ Behavioral ☐ Seniors/Aging ☐ Physically Disabled ☐ Other

If other, please list: _____

Will the project be operated under the tenets of Housing First and other Evidence Based Practices? ☐Yes ☐No

Please describe your effort to move project participants quickly into housing including: applicable strategies executed by applicant, how services are provided to expedite housing placement, local partnerships, leveraging of resources, and community outreach/education:

**Acceptance of Local Requirements**

Milwaukee CoC funding recipients are required to provide reports (either through HMIS or a comparable database if a Victim Service Provider) to the CoC and to HUD in order to document project performance, fulfill HUD requirements, and provide information about the City of Milwaukee and Milwaukee County's homeless population to system leadership on an ongoing basis. Applicants awarded funding through the Continuum of Care program are expected to receive 100% of all referrals from the local Coordinated Entry System and provide timely communication with Coordinated Entry administrators to indicate and fill vacancies in the project, provide data at minimum annually for the Point in Time count, provide data at minimum monthly for the Housing Inventory Chart, and attend at minimum 80% of CoC Leadership committee meetings in a year and trainings required by the CoC. Please acknowledge that you accept all of the above requirements below.

**Yes, I accept these local requirements:** ☐

Provide a description of your organization and, if funded, the program you would create. Please include the organization's experience and expertise operating housing programs, providing services to homeless and/or low-income individuals, and the target sub-populations:

**Budget – complete table**

| Eligible Costs | Total Assistance Requested for 1 year Grant Term |
|---|---|
| 1a. Leased Units | $ |
| 1b. Leased Structures | $ |
| 2. Rental Assistance | $ |
| 3. Supportive Services | $ |
| 4. Operating | $ |
| 5. HMIS | $ |
| 6. Sub-total Costs Requested (sum of 1 – 6) | $ |
| 7. Admin (up to 10%) | $ |
| 8. Total Assistance plus Admin Requested | $ |
| 9. Cash Match | $ |
| 10. In-Kind Match | $ |
| 11. Total Match | $ |
| 12. Total Budget | $ |