Southern Illinois Continuum of Care Network

(SICOCN)

"working to make a difference"

Letter of Intent

Directions: Please complete one letter for each new or renewing HUD SHP application. **Letters of Intent are due no later than March 1, 2018.** All letters should be faxed, e-mailed, mailed or hand delivered to Linda Bookwalter, SWAN, P.O. Box 176, Olney, IL 62450 (f)618-392-3556, e-mail-lbookwalter@swanvhl.org. There is a SICOCN meeting on March 1, 2018 and letters may be hand delivered at that time.

This document serves to notify the Southern Illinois Continuum of Care Network that

_____ desires to apply for funding in the 2018 HUD CoC NOFA.

1. My agency meets the SICOCN Threshold requirements for applying for funding, **SEE ATTACHMENT** *(this is **only** for organizations that have never received funding through SICOCN)*

(please circle) YES NO N/A
(current grant recipient)

*If no, you are not eligible for apply for funding at the current time.
*If yes or N/A, please continue.

2. Amount of request: _____

3. Type of request (please circle) - NEW/REALLOCATION RENEWAL

***There is no funding available for new projects. The only way that a new project can apply is if money is reallocated from an existing project to create a new PSH project.**

*If reallocating funds from an existing project to create a new project, please specify the project(s) from which you are reallocating.

_____

5. Program Type:*(please circle)* TH PSH (including Rapid Rehousing) SSO HMIS

NEW/REALLOCATION PROJECTS MUST BE FOR PSH

6. Target Population: _____

7. # Units: _____

8. # Beds: _____

9. Type of units (please circle): SITE-BASED SCATTERED-SITE

10. Purpose of funding request (please give a brief description of your proposed project. _____
_____
_____
_____
_____