2023 Continuum of Care Program NOFOs Letter of Intent to Apply Instructions

The Permanent Housing Bonus available in this year's CoC NOFO is estimated at **\$446,090**. This bonus can be used to fund one or more programs that will provide Permanent Supportive Housing *DedicatedPLUS, Rapid Re-Housing, and / or Joint Component Projects.

The DV Bonus available in this year's NOFO is estimated at **\$492,449**. This bonus can be used to fund one or more programs that will provide Rapid Re-Housing, and / or Joint Component Projects.

Interested applicants should refer to the official HUD issued FY 2023 CoC Program Competition NOFO 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.

Any organization interested in applying for funds must complete the following LOI and submit it to Contessa Riggs (contessa:riggs@maryland.gov) with a copy to Renee Ensor Pope (renee.pope@maryland.gov) and the CoC NOFO team (COC.princegeorges@maryland.gov) by 11:59 p.m.on Thursday, July 20, 2023.

Organizations submitting a completed LOI are highly encouraged to attend the CoC Office Hours and virtual meeting invite(s) will be sent to all organizations who submitted an LOI by the established deadline(s). The CoC reserves the right to invite additional potential applicants as deemed necessary to ensure the best possible competition.

2023 Continuum of Care Program NOFOs Letter of Intent to Apply Form

Organization Name:	
Primary Point of Contact for NOFO communicati	ons:
Name Title	Phone Email Address
DUNS Number:	SAMS Number:
UIE Number:	FID Number:
Current Annual Agency Budget: \$	
Is the organization a Medicaid Billable Agency?	□Yes □No
Has the organization received Federal funding in If yes, provide the amount and most recent year	•
Has the organization received State or Local gov If yes, provide the amount and most recent year	•
Funding Type Requesting:	
□Regular (non DV) Bonus □Domestic Viole	ence Bonus
Proposed Housing Type: □Permanent Su □Joint Compone	pportive Housing □Rapid Re-housing ent Project
Amount Requested: \$	Projected Number of households to be Served:
Target Homeless Subpopulation (check all that a	eeds □Behavorial/ Somatic Health □Seniors/Aging /Young Adults□ Families □Returning Citizens cking □Veterans □Other
Will the project be operated under the tenets of \Box Yes \Box No	Housing First and other Evidence Based Practices?

Provide a <u>brief</u> 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: