



GUILFORD COUNTY CONTINUUM OF CARE

Working to End Homelessness in Guilford County

[insert date here]

Cheri Neal, Program Manager
Guilford County Continuum of Care Collaborative Applicant
DHHS Administration
1203 Maple Street
Greensboro, NC 27405

RE: Letter of Intent – State Emergency Solutions Grant (ESG)

Dear Ms. Neal:

The [insert agency's name here] intends to apply for State Emergency Solutions Grant funding to support our work with [insert project here]. The details of this project are provided below for your reference.

Project #1: [Project Name]

- New Applicant or Returning Applicant [choose one]
- Project Summary: [insert an overview of your project here]
- Activity Type: [indicate activity type here (i.e., SO, ES, HP, RRH, HMIS/HMIS Comparable Database)]
- Proposed Funding Amount: [insert information here]

Project #2: [Project Name] (if applicable)

- New Project or Renewal Project [choose one]
- Project Summary: [insert an overview of your project here]
- Activity Type: [indicate activity type here (i.e., SO, ES, HP, RRH, HMIS/HMIS Comparable Database)]
- Proposed Funding Amount: [insert information here]

Our agency certifies that the following documents have been attached alongside this Letter of Intent (please initial on/check each line below):

___ Articles of Incorporation

___ By-Laws

___ Current Board of Directors roster including demographic details regarding gender, racial/cultural identity, and lived experience

___ Copies of organizational budgets for last year, current year, and next year (if available)

___ Copies of Code of Conduct (as adopted and/or on file with HUD), Personnel Policies, Procurement Policies, Accounting Procedures for the organization, and Conflict of Interest Policy (as applicable)

___ List of staff participation in trainings on equal access, racial disparities, domestic violence, dating violence, sexual assault, stalking, and other topics of relevance to CoC work and policies. Please include the course name, dates of training, name of the presenting organization, and names and titles of the participants.

___ IRS 501(c)3 designation letter

___ Most recent IRS 990 as submitted to the IRS

___ Most recent audit report and auditor's management letter. If the agency has not had an audit, please submit a copy of annual financial statements, including a profit and loss statement, from the last fiscal year.

___ Notarized statement of no overdue taxes

___ A copy of the most recent CAPER submitted to the State for each existing grant that is currently funded by State ESG agency. Please indicate the date the CAPER was submitted.

___ A listing of any grant amounts recaptured in the last 3 years (if applicable)

___ State Corrective Action Plan (if applicable)

___ HUD Corrective Action Plan (if applicable)

___ A copy of any signed documentation indicating the agency's agreement to enter data into HMIS or an HMIS comparable database

In addition to the information noted above, our agency also wishes to indicate our response to the following: (Please respond to the following statements with a Y for Yes or an N for No.)

- This agency is interested in applying for the HUD-NOFO. Response: ___
- This agency agrees to follow the Guilford County CoC (NC-504) Written Standards. Response: ___

- This agency agrees to accept referrals through the Guilford County CoC (NC-504) Coordinated Entry process. Response: _____

Should you have any questions regarding this letter of intent and/or these projects, please contact the following parties:

Contact #1: [insert name and title here]

[insert phone number here]

[insert email address here]

Contact #2: [insert name and title here]

[insert phone number here]

[insert email address here]

Please let us know if you need any further information.

Kind Regards,

[signature of designated party here]

[insert name of designated party here]

[insert title of designated party here]