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Working to End Homelessness in Guilford County

GUILFORD COUNTY CONTINUUM OF CARE

[insert date here]

Cheri Neal, Program Manager

Guilford County Continuum of Care

DHHS Administration

1203 Maple Street, Greensboro, NC 27405

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

Dear Mrs. Neal:

The [insert agency’s name here] intends to apply for State Emergency Solutions Grant funding to support our work with [insert project(s) 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 ensure each document is submitted as an individual file that is named according to the title of each document (e.g. “Articles of Incorporation”, “By-Laws”, etc.). Please note that documents not submitted in this format will be returned.** Initial on/check each line below):

\_\_Current year, previous year, and if available, next year’s operating budget for the entire organization, not just NC ESG (with Revenues and Expenditures)

\_\_\_ Articles of Incorporation

\_\_\_ By-Laws

\_\_\_ Current Board of Directors roster that includes the following information: Name, contact information, board position/officer/committee leadership, term, occupation and employer or representing entity, race, gender, lived experience, and professional skills that add to the capacity of your organization’s leadership

\_\_\_ 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)

\_\_\_ IRS 501(c)3 designation letter

\_\_\_ State ESG or City Corrective Action Plan (if applicable)

\_\_\_ HUD Corrective Action Plan (if applicable)

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 Competition. Response: \_\_\_
* This agency agrees to follow the Guilford County CoC (NC-504) Written Standards and Governance Charter. Response: \_\_\_
* This agency agrees to accept referrals through the Guilford County CoC (NC-504) Coordinated Entry system. Response: \_\_\_
* If this agency is awarded State Emergency Solutions Grant funding, agency agrees to participate in data collection via the Homeless Management Information System (HMIS) or an HMIS Comparable database. 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]