**Letter of Intent Questions**

## **Organization Information**

**Name of the organization applying for the grant:**
**Organization's address:**
**City:**
**State:**
**Address:**
**Country:**
**Zip Code:**
**Contact person's name:**
**Contact person's title:**
**Email:**
**Phone number:**

**Our Organization is a:**
Non-Tribal Organization or Tribal Organization (Only select if you are a Tribe or Tribally Designated Housing Entity (TDHE) and will locate new units of permanent supportive housing on Tribal reservation or trust land.)

**Is your organization or subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?**

**Project Overview**
**Project title:**
**What is the term of the grant you are applying for?**
**Project start date:**
**Occupancy date:**

**Brief description of the project:**

**How does the project align with the CoC Builds grant's mission and objectives?**

**HUD’s Eligibility Criteria**

**Is your organization one of the eligible applicant types under 24 CFR 578.15?**
**Is your organization currently registered and active in SAM.gov?**
**Is your organization registered in HUD’s e-snaps system?**
**Will your organization comply with the 25% match requirement under 24 CFR 578.73?**
**Brief description of anticipated match sources:**
**Does your organization have, or will it secure, site control for the proposed property?**
**Will it be feasible for the project to be under grant agreement by September 15, 2025?**
**Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?**

**A. Development Experience and Leveraging**
**Has your organization, developer, or subrecipient completed at least four other projects that are similar in scope and scale to the proposed project?**

**Describe each past project, its location, type (new construction, rehab, acquisition), size, and your role:**

**Has your organization leveraged funding similar to CoC Builds (e.g., LIHTC, HOME, CDBG, Section 108/202/811) on other projects?**

**Describe each project and the specific resources leveraged:**

**What percentage of the proposed project's total cost is currently committed through other public/private housing resources (e.g., PBRA, LIHTC)?**

**Describe all funding commitments dedicated to the proposed project, including low-income housing tax credits, project-based rental assistance, and other resources. Include the dollar value of each commitment, the total estimated project cost, and the estimated cost per unit. If the project includes multiple housing types or sites, provide per-unit cost estimates for each, if available:**

**Will the project primarily utilize non-federal (state, local, private) sources of funding to support the continued operation of the project?**

Describe the type and amount of the sources:

**B. Managing Homeless Projects**
**Has your organization or subrecipient managed properties that house individuals and families experiencing homelessness with disabilities?**

**Describe your organization’s experience managing housing for people experiencing homelessness. Include how rent amounts were determined based on unit size, how participant complaints are addressed, how your organization works with other service providers who place tenants in your units, and how you ensure properties are properly maintained:**

**Will supportive services (e.g., case management, health care, life skills) be provided for residents of the CoC Builds project?**

**Describe the types and frequency of supportive services your organization has provided or will provide to program participants, such as case management, life skills, or health care. Indicate whether these services are delivered directly by your organization or by partner agencies. If another organization is responsible for any services, include their name, address, email, and phone number:**

**Will your project provide or ensure access to transportation so participants can travel to healthcare, services, shopping, and other destinations?**
**Describe the transportation options (e.g., public transit, agency vans), hours of operation, and proximity to proposed housing units:**

**C. Implementation Schedule**
**Does your project consist of multiple sites?**

**Site One: Please select the capital cost type for your first site**
**Site One: By what date will you have full site control (deed, lease, or purchase agreement)?**
**Site One: By what date will the environmental review be complete?**
**Site One: What is the estimated start date for construction, rehab, or acquisition?**
**Site One: What is the estimated completion date?**
**Site One: When will your local jurisdiction issue an occupancy certificate (or equivalent)?**
**Site One: When will individuals and families begin moving into the units?**

**Site Two: Please select the capital cost type for your first site**
**Site Two: By what date will you have full site control (deed, lease, or purchase agreement)?**
**Site Two: By what date will the environmental review be complete?**
**Site Two: What is the estimated start date for construction, rehab, or acquisition?**
**Site Two: What is the estimated completion date?**
**Site Two: When will your local jurisdiction issue an occupancy certificate (or equivalent)?**
**Site Two: When will individuals and families begin moving into the units?**

**I understand that if I have more than two sites HUD will expect the same timeline to be given on my application for all additional sites.**

**D. Property Maintenance**

**Will the project have a plan for conducting annual maintenance and needed repairs (e.g., roof inspections, HVAC servicing)?**

**Describe how the property will be maintained annually and how needed repairs (e.g., roof leaks, HVAC, plumbing) will be identified and addressed once the project is operational:**

**Will the project have identified sources of funds and a reserve fund specifically for maintenance and repairs?**

**Identify the sources and amounts of funding that will support maintenance and repairs. Indicate whether a reserve fund will be created and how it will be managed:**

**Will the project have a plan to cover replacement costs (e.g., appliances, major building systems)?**

**Describe how the project will plan for and cover replacement of appliances, equipment, and building systems. Include any additional funding sources that will be used:**

**E. Unmet Housing Need**

**What is the estimated number of available PSH beds per 100 people in the proposed target population (based on PIT and HIC data)?**

**Using the 2024 PIT and HIC data posted by KSHC, describe the unmet need for permanent supportive housing (PSH) for the population you propose to serve. Include your estimate of the number of PSH beds currently available and how your project would help address the documented gap:**

**F. Management of Rental Housing**

**How many rental housing properties/units/projects has your organization managed?**

**Describe the rental housing projects your organization or subrecipients have managed. If you have or will partner with other organizations within the CoC to manage properties, provide the organization's information, the type of program participants assisted, and experience:**

**How many affordable housing grants has your organization or subrecipients been awarded over the past three years?**

**Describe the number of grants for affordable housing awarded over the last three years. Include the names of the grants and the type of subsidy funding or financing used (e.g., project-based vouchers, HOME, LIHTC, local/state funding). If no grants were awarded, briefly describe any relevant efforts:**

**How completely can you provide the number of assisted and non-assisted units for each property indicated above?**

**List each property and specify the number of assisted and non-assisted units. If no properties have been managed, briefly explain your organization’s relevant experience, if any:**

**G. Coordinated Entry**

**Will you use the CoC’s Coordinated Entry System to place households into the PSH units funded by CoC Builds?**

**Describe how your project will use the CoC’s coordinated entry process to refer individuals and families experiencing homelessness to the proposed permanent supportive housing units. If you are a victim service provider, explain how your alternate coordinated entry process meets HUD’s minimum requirements. Be specific about how referrals will be made and how the process ensures fair and prioritized access:**

**H. Housing Resource Coordination**

**Does the proposed project leverage non-CoC funded housing resources in one of the following HUD-recognized ways?**

**Describe the type and source of the leveraged housing resources, the estimated dollar value or number of units, and how these resources will be committed to the project. Include the status of any agreements, and if available, indicate when written confirmation is expected:**

**Have you secured formal commitments from healthcare or service providers to deliver services valued at $7,500 or more per unit?**

**Describing how the project will ensure access to health and supportive services through partnerships with healthcare organizations, social service providers, or other entities:**

**I. Community Integration**

**Will the PSH units in your proposed project be part of a non-segregated, mixed-use development that allows individuals with disabilities to make meaningful choices about housing, health care, and long-term services, and fully participate in the community?**

**Describe how your project ensures community integration, including the development setting (e.g., mixed-use with non-disabled residents), access to local amenities, and how it avoids institutional or segregated environments:**

**J. Section 3 Compliance**

**Applicants serving Tribal lands are subject to Indian Preference under 25 U.S.C. 5307(b) and are not required to comply with Section 3. Does this exemption apply to your project?**

**Will your project comply with Section 3 of the Housing and Urban Development Act of 1968 (24 CFR part 75) by providing employment, training, and contracting opportunities for low- and very-low income individuals and businesses?**

Describe the steps your organization will take to ensure compliance with Section 3, including recruitment, hiring strategies, and plans for contracting with Section 3 businesses.

**Budget – Capital Costs**

**Total Amount Requested from the CoC Builds NOFO Grant:**

**Specify the dollar amount for New Construction (24 CFR 578.47):**
**Specify the dollar amount for Acquisition (24 CFR 578.43):**

**Specify the dollar amount for Rehabilitation (24 CFR 578.45):**

**Budget – CoC Eligible Costs**

**Does your project include any CoC Eligible Activities?**

**Specify the dollar amount for CoC Eligible Activities:**

**Specify the amount of funds for Project-Based Rental Assistance (24 CFR 578.51(e))**
**Specify the amount of funds for Operating Costs (24 CFR 578.55)**
**Specify the amount of funds for Supportive Services (24 CFR 578.53)**
**Specify the amount of funds for HMIS (24 CFR 578.57)**
**Specify the amount of funds for VAWA Eligible Costs (42 USC 11383(a)(13))**
**Specify the amount of funds for Rural Eligible Costs (42 USC 11383(a)(13))**
**Specify the amount of funds for Relocation Costs (24 CFR 578.61)**

**Budget – Administrative Costs**

**Does your project include any Administrative Costs?**

**Specify the dollar amount for Administrative Costs:**

**Monitoring Agreement**

**Are you willing to participate in CoC monitoring activities to assess performance and compliance with local and HUD requirements?**

**Required Attachments at LOI Submission**

Nonprofit Documentation

Letters of Commitment, Contract, or Other Formal Commitment

Match Documentation

Proof of SAM Registration

Copy of ESNAPS Organization Profile

**Not Currently Required but May Be Required for Final Applicant**

HUD-2991 – Certification of Consistency with Consolidated Plan

HUD-2996 – Certification of Opportunity Zone

Evidence of Site Control

Code of Conduct

Replacement Reserve Documentation

Indicate Cost Rate Agreement

Financial Feasibility or Underwriting documentation