**Somerville-Arlington Continuum of Care (CoC) – 2018 Competition**

**Letter of Intent – New CoC Project Applications**

Please use this form for your Letter of Intent of your organization’s interest in submitting a full project application. Please complete one Letter of Intent for each project request.

Letters of intent must be submitted to Heidi Burbidge: **hburbidge@somervillema.gov**

by **Aug. 3rd at 12pm**.

Name of Organization:

Name of contact person:

Email and phone:

Project Request Type: Please check the appropriate boxes for your project request:

**[ ]  New Bonus:** up to $127,765

**[ ]  Permanent housing - permanent supportive housing (PH-PSH)**

**[ ]  Permanent housing - rapid rehousing (PH-RRH)**

**[ ]  Joint TH and PH-RRH component projects**

**[ ]  Dedicated HMIS projects**

**[ ]  Supportive services only (SSO-CE)**

**[ ]  New Domestic Violence (DV) Bonus**: up to $212,942

**[ ]  Rapid Re-housing (PH-RRH)**

**[ ]  Joint TH and PH-RRH**

**[ ]  SSO projects for Coordinated Entry (SSO-CE)** .

**A) Please include a short summary of the proposed project, including the following:**

* Type of project
* Target population and number of households to be served
* If PH-PSH, PH-RRH, or joint TH/PH-RRH
	+ Number of units and bedroom sizes
	+ Where the housing will be located or, if scattered site, briefly how people will be assisted to obtain permanent housing
	+ Commitment to participate in Coordinated Entry and to be Housing First
* If PH-RRH or joint TH/PH-RRH – some information about the plan for RRH: expected length of rental assistance, any maximum per household (ex, $10,000), how flexible funds will be used (short- or medium-term assistance, security deposits, etc.)
* Type of supportive services to be provided
* Expected sources for match

**B) Please include a sample budget with all Budget Line Items (based on HUD allowable line items) for the 1-Year Budget**

The following is an **example**: (note for RRH: number of households served and estimated total per household may be different than numbers used for FMR calculation)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RRH for DV Families and Individuals for 20 families |  |  |  |  |
| EXAMPLE |  |  |  |  |  |
| Rental Assistance (12 mos.) | Bedroom Size | # of units | 2017 FMR (Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area) |   |   |
|   | 2 | 3 | $1,691 | 12 | $121,752 |
|   | 1 | 2 | $1,372 | 12 | $32,928 |
| Rental Assistance |  |  |  |  | $154,680 |
|   |  |  |  |  |   |
| Supportive Services |  |  |  |  |   |
|  *Case management - 0.5 FTE with benefits* |  |  |  |  | $26,000 |
|   |  |  |  |  |   |
| Subtotal |  |  |  |  | $180,680 |
|   |  |  |  |  |   |
| Admin @ 10% |  |  |  |  | $18,068 |
|   |  |  |  |  |   |
| **Total Request** |  |  |  |  | **$198,748** |
|   |  |  |  |  |   |
| Match (25% of program budget except leasing) |  |  |  |  | $49,687 |
|   |   |   |   |   |   |
| Include details on:  |  |  |  |  |  |
| Rental Assistance or Leasing (if applicable) - number of bedrooms, FMR, subtotals |  |  |
| Supportive Services - what will be funded (FTEs and types of services) |  |  |
| Match - source(s) and what the match will cover |  |  |  |  |
|  |  |  |  |  |  |
| See FY2017 FMRs: |  |  |  |  |  |
| <https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn> |  |  |