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Agency Participant Contact person's  
Name, email and phone number,  
returned on Participants Organization  
LetterHead

Please accept this as a Letter of Intent for the CoCBUILDS Notice of Funding Opportunity application.

- Project Name:
- DUNS Number:
- SAM Registration:
- Proof of Eligibility (i.e. non-profit documentation, county, city, state government):
- Description of financial management to administer funds, include experience:
- Total Amount of funds for which you are requesting:
  - Indicate the project period:
    - Two years
    - Three years
    - Four years
    - Five years
- What is the percentage of project funding dedicated to:
  - Acquisition:
  - Rehabilitation:
  - New Construction:
  - Supportive Services:
    - The number of people the proposed project will serve annually:
    - How will the project establish eligibility:
  - Operating costs:
  - Administrative costs:
- Proposed match available to the project:

Recipients will be expected to align with goals and objectives outlined in the CoCBUILDS Notice of Funding Opportunity Notice and Wyoming Continuum of Care requirements. Provide a brief description about how the project will meet each of the following:

- Project will meet the Project Eligibility Requirements of the CoCBUILDS Notice of Funding Opportunity including:
  - Reduce Homelessness: Prioritizing individuals and families experiencing homelessness where at least one individual in the household has a disability
  - Ensure Access to and Increase the Production of Affordable Housing
  - Increase the Supply of Housing
  - Advance Sustainable Communities
  - Strengthen Environmental Justice
  - Integrate Health and Housing
  - Number of Units (if any) Located on Tribal Reservations or Trust Lands
- Recipients will spend funding in a timely fashion, drawing project funds on a quarterly basis at minimum
- Recipients will complete all reporting requirements as required by HUD according to established due dates

Wyoming Continuum of Care requirements:

- Recipients will participate in the Wyoming Continuum of Care designated Homeless Management Information System
- Recipients will participate in the Wyoming Continuum of Care Coordinated Entry system
- Recipients will participate in the annual Sheltered Point-in-Time count
- Recipients will complete all Wyoming Continuum of Care reporting requirements as required according to established due dates
- Comply with the Wyoming Continuum of Care monitoring process

Sincerely,

Wyoming Continuum of Care Board of Directors