



# Letter of Intent Template

## FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants WY CoC Local Grant Competition

### Instructions:

On Agency Letterhead, please complete the information requested below for any CoC funding project.

Letters of Intent must be submitted to the WY CoC Coordinator at [anna.edwards@wycoc.org](mailto:anna.edwards@wycoc.org) no later than *June 25, 2026 at 4:00 PM*.

Please include the following subject line in your email: *LOI\_Agency Name\_ FY2025 WY CoC Competition*

### IMPORTANT INFORMATION

- This Letter of Intent (LOI) is NOT scored but is required to move forward to the next application step.
- The LOI is intended to provide a snapshot of your proposed project and does not need to be a full application.
- A complete budget and detailed project design are not required at this stage.
- Applicants should provide high-level responses only.
- HMIS and SSO–Coordinated Entry (SSO-CE) projects: Some questions related to housing and direct services may not apply. Please respond only to applicable sections and use the Project Description to explain your project activities.

Please review the following before submitting:

- ✓ Confirm your project type is eligible (see chart below)
- ✓ Confirm if your project is New or Renewal
- ✓ Ensure SAM.gov and e-snaps are active
- ✓ Review match requirements (including YHDP guidance below)

## Project Types Eligible for Submission

Project Type	Submission Type
Permanent Supportive Housing (PSH)	Renewal & New
Rapid Re-Housing (RRH)	Renewal & New
Joint Transitional Housing – Rapid Re-Housing (Joint TH-RRH)	Renewal Only
Transitional Housing (TH)	Renewal & New
Homeless Management Information System (HMIS)	Renewal Only
Supportive Services Only – Coordinated Entry (SSO-CE)	Renewal Only
Supportive Services Only – Street Outreach or Stand-Alone (SSO)	Renewal & New

### Budget Note:

*HUD has not finalized the amount of funding available to Wyoming for this grant cycle. Final funding allocations will be determined later in the process; therefore, all selected project budgets are subject to adjustment based on HUD's final award determinations.*

## General Information (REQUIRED)

Project Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Project Contact (Name): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Unique Entity ID (UEI): \_\_\_\_\_

SAM.gov Registration Status (Active):  Yes  No

e-snaps Registration Status (Active):  Yes  No

Proof of Eligibility (Nonprofit/Government/Tribal): Please describe the documentation attached to this LOI

## Project Classification (REQUIRED)

Project Type (select one or more):

Renewal  New  Expansion  Transition  Reallocation  DV Bonus  YHDP

Funding Source (select one):

CoC Bonus  DV Bonus  CoC Reallocation  DV Reallocation  YHDP Replacement

If Expansion or Transition – Existing Grant Name/Number: \_\_\_\_\_

Program Component (select one):

PSH → Long-term housing for people with disabilities

RRH → Short-term rental assistance

TH → Temporary housing with services

SSO → Services only (no housing)

HMIS → Data system project (renewal only)

CE → Coordinated Entry (renewal only)

## Project Design & Population Served (REQUIRED)

### Type of Housing (if applicable):

Scattered-site  Single-site  Congregate  Shared  Other: \_\_\_\_\_

### Target Population (select all that apply):

Chronically Homeless

Veterans

Youth ( $\leq 24$ )

DV Survivors

Families with Children

Other:

### HUD Eligibility Category Served:

*Most projects will fall under Category 1 (literally homeless) or Category 4 (DV). Categories 2 and 3 are limited and should only be selected if the applicant is familiar with HUD eligibility rules and has CoC approval*

Category 1 (Literally Homeless – shelter/street)

Category 2 (Risk of losing housing)

Category 3 (other federal definition – this is very rare)

Category 4 (Fleeing Domestic Violence)

## Project Description (REQUIRED)

Describe your project in clear, simple terms by explaining what the project does, who it serves, why it is needed, and what type of assistance will be provided.

**Project Description:** *(All project types, including HMIS and SSO-CE, must complete this section)*

## Supportive Services & Treatment

Please identify what, if any, supportive services program participants will receive.

*Not all components provide direct services. HMIS and SSO-CE projects may instead describe coordination, data, or system-level improvements.*

### **Mental Health Services (check all that apply):**

On-site  Referral  Partner Agency  None

### **Substance Use Treatment:**

On-site  Referral  Partner Agency  None

### **Other Supportive Services Provided:**

Case Management

Employment Assistance

Transportation

Life Skills Training

Other: \_\_\_\_\_

**What are the participation expectations for clients (if any):**

## Performance & Outcomes

*Not all components provide direct services. HMIS and SSO-CE projects may instead describe coordination, data, or system-level improvements.*

Estimated % exiting to permanent housing: \_\_\_\_\_%

Strategies to increase participants earned income:

Strategies to reduce returns to homelessness:

How this project improves CoC system performance:

## Budget Summary

*Provide estimated funding (no detailed budget is required for the LOI)*

Total Funds Requested: \$ \_\_\_\_\_

**Note:** *It is recommended that new project applications do not exceed \$150,000, as CoC funding available to Wyoming is limited.*

**Budget Breakdown (% must total 100):**

*HMIS and SSO-CE projects may allocate primarily to HMIS, services, or administrative categories as applicable.*

- Housing (RA/Leasing/Operations): \_\_\_\_\_%
- Supportive Services: \_\_\_\_\_%
- HMIS: \_\_\_\_\_%
- Administrative ( $\leq 10\%$ ): \_\_\_\_\_%

## Match Requirement

*Match refers to the resources your organization contributes to the project, and most projects are required to provide at least a 25% match.*

Total Match ( $\geq 25\%$  unless exempt): \$ \_\_\_\_\_

Match Type:  Cash  In-kind

Match Source(s): \_\_\_\_\_

YHDP Match Exemption (if applicable):  Yes  No

*Some YHDP projects may be exempt from this requirement based on HUD approval. Only select the exemption if you know it applies or check with the CoC if you are unsure.*

## Cost Effectiveness

*For HMIS and SSO-CE, describe cost effectiveness in terms of system improvements, efficiency, or data quality rather than per-household cost.*

Estimated cost per household served: \$\_\_\_\_\_

Brief explanation of cost effectiveness:\_\_\_\_\_

## Accessibility & Housing Quality

*Housing-specific items may not apply to HMIS & SSO-CE projects*

- ADA-compliant units
- Accessible services
- Integrated housing design

**Additional details:**

## Employment & Income Strategy

*Employment & Income Strategy items may not apply to HMIS & SSO-CE projects*

- Workforce partnerships
- Job training programs
- Education/credentialing
- Employer partnerships

**Details:**

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## System Coordination

*All projects must operate within the CoC system.*

- Will accept referrals through Coordinated Entry
- Will participate in HMIS (or comparable system for DV providers)

## Compliance Agreement

*All certifications must be checked for the project to be eligible per NOFO requirements.*

- We certify that this project will serve only eligible participants under HUD definitions
- We certify that we will maintain active SAM.gov and e-snaps registration
- We certify that we will participate in Coordinated Entry (where applicable)
- We certify that we will enter data into HMIS or a comparable system (where applicable)
- We certify that we will submit APR and all required reports
- We certify that there are no unresolved civil rights violations
- We certify that we will comply with Fair Housing, VAWA, and nondiscrimination laws (where applicable)
- We certify that we will not use funds for prohibited activities
- We certify that we will participate in the Point-in-Time (PIT) count (where applicable)
- We certify that we will comply with all FY2026 CoC NOFO requirements

## Authorized Signature

Name & Title:

Signature:

Date: