



Missouri Balance of State Continuum of Care 2019 Letter of Intent

Organization Name: _____

Primary Contact: _____

Primary Contact Email: _____

Secondary Contact: _____

Secondary Contact Email: _____

Address: _____

City: _____

Zip: _____

Phone Number: _____

Project Information

Project Name: _____

Application Type:

New Project

Renewal Project

New Domestic Violence Bonus Project

Expansion Project

Project Type:

Permanent Supportive Housing

Rapid Rehousing

Transitional Housing: RRH Joint Component

Safe Haven

HMIS

SSO-CE

Other – Please Specify: _____

Renewal Projects Only

Do you intend to submit a renewal project application for the above named project in the FY 2019 CoC Program Competition? Yes No

FY 2018 Funded Amount: _____

Anticipated Amount Requested: _____

If request is less than FY 2018 funded amount, remaining funds will be reallocated.

Project Start Date: _____

Project End Date: _____

DUNS Number: _____

Region(s) Served: _____

Please provide a brief description of your program including site layout (e.g. scattered site) and targeted population, if applicable.