



Missouri Balance of State Continuum of Care 2018 Letter of Intent

Organization Name: _____

Program Name: _____

Application Type:

New Project
Renewal Project
Expansion Project
New Domestic Violence Bonus Project

Type of Project:

Permanent Housing
Rapid Rehousing
Transitional Housing: RRH Joint Component
Safe Haven
Other – Please Specify: _____

Anticipated Amount Requested:

Agency Contact:

Mailing Address:

City, Zip:

Phone Number:

E-mail:

SAMS Number:

Please attach a brief description (less than 2500 characters) of your program including site layout (single vs scattered site) and targeted population if the project will be targeted to a specific sub-population