o

Working to End Homelessness in Guilford County

GUILFORD COUNTY CONTINUUM OF CARE

[insert date here]

Cheri Neal, Program Manager

Guilford County Continuum of Care

DHHS Administration

1203 Maple Street, Greensboro, NC 27405

RE: Letter of Intent – 2025-2026 NC Emergency Solutions Grant (ESG)

Dear Mrs. Neal:

The [insert agency’s name here] intends to apply for North Carolina Emergency Solutions Grant funding to support our work with [insert project(s) here]. The details of this project are provided below for your reference.

**Project #1: [Project Name]**

* New Applicant or Returning Applicant [choose one]
* Project Summary: [insert an overview of your project here]
* Activity Type: [indicate activity type here (i.e., SO, ES, HP, RRH, HMIS/HMIS Comparable Database)]
* Proposed Funding Amount: [insert information here]

**Project #2: [Project Name]** (if applicable)

* New Project or Renewal Project [choose one]
* Project Summary: [insert an overview of your project here]
* Activity Type: [indicate activity type here (i.e., SO, ES, HP, RRH, HMIS/HMIS Comparable Database)]
* Proposed Funding Amount: [insert information here]

Our agency certifies that the following documents have been attached alongside this Letter of Intent. **Please ensure each document is submitted as an individual file that is named according to the title of each document (e.g. “Articles of Incorporation”, “By-Laws”, etc.). Please note that documents not submitted in this format will be returned.** Initial on/check each line below):

\_\_\_ IRS 501(c)3 designation letter

\_\_\_ State ESG or Entitlement ESG Corrective Action Plan (if applicable)

\_\_\_ HUD Corrective Action Plan (if applicable)

In addition to the information noted above, our agency also wishes to indicate our response to the following: (Please respond to the following statements with a “Y” for Yes or an “N” for No.)

* This agency is a current non-profit or local government organization. Response: \_\_\_\_
* This agency agrees to actively participate in the CoC (i.e. membership, point-in-time count, and committees). Response: \_\_\_\_
* This agency agrees to follow the Guilford County CoC (NC-504) Written Standards and Governance Charter. Response: \_\_\_
* This agency agrees to accept referrals through the Guilford County CoC (NC-504) Coordinated Entry System. Response: \_\_\_
* If this agency is awarded State Emergency Solutions Grant funding, agency agrees to participate in data collection via the Homeless Management Information System (HMIS) or an HMIS Comparable database. Response: \_\_\_

Should you have any questions regarding this letter of intent and/or these projects, please contact the following parties:

Contact #1: [insert name and title here]

[insert phone number here]

[insert email address here]

Contact #2: [insert name and title here]

[insert phone number here]

[insert email address here]

Please let us know if you need any further information.

Kind Regards,

[signature of designated party here]

[insert name of designated party here]

[insert title of designated party here]