



Safe, appropriate and affordable housing for all Kansans

**Kansas Balance of State Continuum of Care
2018 Letter of Intent**

DUE FRIDAY JULY 18th @5:00 pm

In filling out this form, you should reference appropriate sections of the NOFA.

Project Name: _____

Application Type: New
 Renewal

Project Type: Permanent Supportive Housing
 Rapid Re-Housing
 Transitional Housing
 Domestic Violence Rapid Re-Housing
 Joint TH and PH-Rapid Re-Housing
 HMIS Project
 Supportive Services for Coordinated Entry

Grant Type: Expansion Grant – Existing CoC Programs (NOFA pg. 17)
 Expansion Grant – Existing non-CoC Programs (NOFA pg. 17)
 Transition Grant (NOFA pg. 8)
 Consolidation Project (NOFA pg. 16)
 Not Applicable

Agency Name: _____

Mailing Address: _____

City, Zip: _____

Agency Representative: _____

Email: _____

Alternate Contact: _____

Alternate Email: _____



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Phone Number: _____

SAM Registration Current Y/N: _____

DUNS Number: _____

Amount Requesting: \$ _____

HUD Grant Expenditure Detail	FY 2016	FY 2015	FY 2014
Amount of HUD Project Grant			
Amount of HUD Funding Expended			
Amount of HUD Funding Unspent			
Percent of Grant Expended			

Please explain why funds were unspent by grant year (use additional paper if necessary).

Are you interested in voluntarily reallocating any funds? Y/N: _____

Amount of funds to reallocate to the CoC (if reallocating): \$ _____

Please provide a description of your program, including how it will address HUD's homeless policies and priorities, in the space below (use additional paper if necessary).

Approved: June 15, 2017 by the BoS CoC NOFA Committee
Approved: July 5, 2017 by the BoS CoC Committee
Committee adjustments made based on the NOFA: June 25, 2018