

## Letters of Interest for HUD CoC FY 2025

### Continuum of Care for the City & County of Racine (Racine CoC)

Purpose - This Letter of Intent will assist the CoC in anticipating which agencies intend to apply for projects, new or renewal, for funding in the FY2025 NOFO competition. If your agency has multiple projects, please complete one Letter of Intent form per project. The submission of this Letter of Intent is for informational purposes and will not restrict an agency from later revising the information including changes or opportunities made by HUD through any revisions to the [FY2025 CoC NOFO](#). Note that this NOFO document is no longer available on-line as HUD has rescinded the application pending changes.

<b>Applicant Organization Name</b>	_____
<b>Project Name</b>	_____
<b>Contact Information</b>	
Primary Contact Name	_____
Primary Contact Title	_____
Primary Contact Email	_____
Primary Contact Phone	_____

<b>Type of Funding Requesting:</b>
<u>Transitioning to Transitional Housing</u> Transitioning projects are considered new projects
<input type="checkbox"/> PSH to Transitional    Project Grant Number from 2024
<input type="checkbox"/> PSH transition to SSO    Project Grant Number from 2024
<u>New Project</u> not transitioning to Transitional Housing
<input type="checkbox"/> PSH age 62+ with disabilities
<input type="checkbox"/> Supportive Services Only (SSO)
<input type="checkbox"/> Supportive Services Only (SSO) (Including Street Outreach)
<input type="checkbox"/> Supportive Services Only (Coordinated Entry)
<input type="checkbox"/> HMIS
<input type="checkbox"/> Domestic Violence (DV) bonus
<input type="checkbox"/> CoC Bonus

<b>Total Dollar Amount Requesting</b> \$ _____
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## Additional Information

### 1. Description of New Project – 2-3 sentences/50 words

#### Target Populations (Select All That Apply)

- |   |   |
|---|---|
| <input type="checkbox"/> People experiencing chronic homelessness   | <input type="checkbox"/> Seniors                            |
| <input type="checkbox"/> Families with children                     | <input type="checkbox"/> Veterans                           |
| <input type="checkbox"/> Persons living with disabilities           | <input type="checkbox"/> Youth (18-24)                      |
| <input type="checkbox"/> Persons living with substance use disorder | <input type="checkbox"/> Persons living with mental illness |
| <input type="checkbox"/> Fleeing domestic violence                  | <input type="checkbox"/> Persons living with HIV/AIDS       |
| <input type="checkbox"/> N/A – Project serves all subpopulation     |   |
| <input type="checkbox"/> Other List _____                           |   |

### 2. Target Population

### 3. Proposed number of units and beds If non-housing project put N/A in box.

Threshold Criteria		
Does the project applicant have any outstanding HUD monitoring findings? If yes, please provide explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project comply with the <a href="#">CoC Interim Rule 24 CFR 578</a> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The project applicant has a SAM.gov registration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The project applicant has an active Unique Entity ID.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project applicant have any delinquent federal debt? If yes, please provide explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the project applicant under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list? If yes, please provide explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The project applicant currently enters data into the Homeless Management Information System (HMIS) or comparable database for Domestic Violence providers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If no, please explain how the agency plans to become an HMIS agency by the project start date.</i>		
The project applicant commits to participating in system-wide continuous quality improvement activities, including sending a representative to Racine CoC Committee meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The project applicant agrees to participate in the Coordinated Entry System and follow Coordinated Entry <a href="#">policies and procedures</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The project applicant will not engage in racial preferences or other forms of illegal discrimination. (FY25 NOFO, p. 54)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.” (FY25 NOFO, p.54)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The project applicant has reviewed the post award requirements found on p.107-109 of the FY25 CoC NOFO and agrees to abide by those, if awarded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Resource:

[Is my project a Standalone or a housing project](#)

## Additional Information:



Transition Grants only apply to agencies that currently receive Permanent Supportive Housing, Rapid Rehousing, or Transitional Housing-Rapid Rehousing funding through Racine HUD CoC funding and ending in CY 2026.



A Transition Grant is a reallocated grant that changes the project component and keeps the funding with the same agency. With a transition grant, the agency retains the funding, and over the course of the first year of the transition grant operates both the former project type (ramping it down) while also operating the new project type (ramping it up).



Standalone Supportive Services are a kind of Supportive Services Only (SSO) project that is not primarily dedicated to Coordinated Entry or Street Outreach. Persons to be served in Standalone Supportive Services must be experiencing homelessness in order to be eligible to be served. (see [CoC Program SSO/Housing Component Decision Tool](#))



Types of Standalone Supportive Services projects include:

- Services for people currently residing in Emergency Shelter, with a focus to help them exit shelter to housing more quickly. These services do not have to be provided by the Emergency Shelter provider themselves.
- Employment or education services for people currently experiencing homelessness.
- Legal services, outpatient health care services, outpatient substance abuse or mental health care, and more.



Important Consideration About Standalone Supportive Services

- Standalone supportive services funding cannot be used to provide services funding to PSH or RRH projects, as the clients in these projects do not meet the eligibility criteria for Standalone supportive services (ie, they are not considered homeless).
- Standalone Supportive Services also cannot be used for furniture/household goods, rental arrears, security deposits, or rent/utility payments going forward. Standalone Supportive Services may pay for: utility deposits, rental application fees, renting a storage unit, and renting a moving truck.



**Current Emergency Shelter Providers:** Current Emergency Shelter providers with CoC Permanent Housing grants are encouraged to consider if transitioning their PH grant to Standalone Supportive Services, to augment services provided within their Emergency Shelter, could be a strategic option to pursue.



**Service Participation Requirement:** HUD will be more likely to fund projects in which participation in supportive services (such as case management, employment services, substance abuse treatment) is required as a condition of remaining in the program. You do not need to include that attachment now, however if you do not currently have such a document you are encouraged to begin working on it now.



**Hours of Supportive Services Provided:** HUD is more likely to fund projects that demonstrate the project will provide 40 hours per week of customized services for each participant. These services may include case management, employment training, substance abuse treatment, etc. The 40 hours may be reduced proportionally for participants who are employed. The 40-hour requirement does not apply to persons who are 62+ or have a physical disability/impairment or developmental disability (not including substance use disorder).

## **Certification and Submission**

By signing below, the Executive Director certifies that all information contained within this proposal is true, complete, and accurate, and that the organization commits to complying with all CoC Program requirements, including the execution of required agreements, submission of data to the CoC's HMIS, and participation in the Coordinated Entry system.

Project applicants must certify affirmatively the following:

- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

Signature of Executive Director: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your commitment to ending homelessness in the Racine CoC Continuum of Care. Proposals must be submitted electronically as a single PDF document to [racinecocorg@gmail.com](mailto:racinecocorg@gmail.com) no later than 11:59:59 pm on December 15, 2025. Late or incomplete submissions will not be considered.