

# KY BoS CoC Letter of Support Request

1. Name of requesting organization:
2. Organization Contact Name:
3. Organization Contact Email:
4. Organization Contact Phone Number:
5. Date letter is requested to be returned:
6. Project Name:
7. Project Type:
  - Emergency Shelter
  - Transitional Housing
  - Rapid Rehousing
  - Permanent Supportive Housing
  - Supportive Services Only
  - Homelessness Prevention
  - Other (Please List):
8. Project service area:
9. Reason for requesting letter of support (e.g. required for grant application):
  
10. Funding source/program for which this project is applying:
11. Is the project new or renewal:        **New**        **Renewal (Already have funding source)**
12. Target population to be served by the project (e.g., youth, families, veterans, persons with substance disorders, etc.):

13. Brief Description of the Project:
14. Does/will the project participate in the annual Point-in-Time Count (K-Count) and/or submit information on the project for the Housing Inventory Count? (Participation is required for ES, TH, RRH, and PSH.)            **Yes**            **No**            **N/A (Not an ES, TH, RRH, PSH)**
15. How does/will the project enhance the KY BoS CoC's system (i.e., why is it important that your project exist in the context of ensuring that homelessness is rare, brief, and non-recurring)?
16. Will the project use the KY Homeless Management Information System (HMIS) for client data collection and reporting? If not, why not?
17. Briefly explain how your project helps persons experiencing homelessness or at risk of becoming homeless achieve and maintain housing stability in permanent housing?
18. Does/will the project participate in KY's Coordinated Entry System? If not, why not?

19. Does/will the project use a Housing First model? If not, why not? To be considered as using a Housing First model, projects must ensure that participants are not screened out based on any the following items:

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record with the exceptions for state-mandated restrictions
- History of domestic violence (e.g., lack of protective order, period of separation from abuser, or law enforcement involvement)

**The project must also ensure that participants are not terminated from the program for any of the following reasons:**

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence
- Any other activity not covered in a lease agreement typically found in the project's geographic area.