COC Support Letter Request form for ESSHI, HHAP and NYSSHP Applicants

\*\*Please complete one request form per project\*\*

Requesting support for: \_\_\_\_ESSHI \_\_\_\_HHAP \_\_\_\_\_NYSSHP

Name of Agency Seeking Support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County and Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact for this Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email and phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Units/Beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Units \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beds

Population/s to be served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Governance Board of the Long Island Continuum of Care has established requirements for support of ESSHI-, HHAP- and NYSSHP- funded programs, including participation in the local Coordinated Entry process and accepting referrals through Coordinated Entry. A copy of the Coordinated Entry Agreement is attached and can be found on the LICOC website here: [https://www.lihomeless.org/coc-nofa](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.lihomeless.org%2Fcoc-nofa&data=02%7C01%7Cgguarton%40addressthehomeless.org%7C6673fe82cd734d0b47d808d864a24478%7Cf51f2c5ee8a74a2e83b60dcd7fc3081f%7C0%7C0%7C637369995379148365&sdata=lTiuETfit031T0uHGsNvSE3YlxgDl%2FUJkUPU7LqXpUk%3D&reserved=0)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

 (name of authorized agency representative) (title of representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the Coordinated Entry Agreement and

(name of applicant agency)

agree that, if funded, the above-referenced program will participate in Coordinated Entry as outlined in

the Coordinated Entry Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized representative Date