

**FY 2024 and FY 2025 Continuum of Care Program NOFOs**

**Letter of Interest Instructions**

The Permanent Housing Bonus available in this year's CoC NOFO is estimated at **\$690,223**. This bonus can be used to fund one or more programs that will provide Permanent Supportive Housing \*Dedicated PLUS, Rapid Re-Housing, and / or Joint Component Projects.

The DV Bonus available in this year's NOFO is estimated at **\$544,115**. This bonus can be used to fund one or more programs that will provide Rapid Re-Housing, and / or Joint Component Projects.

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Interested applicants should refer to the official HUD issued FY 2024 and FY 2025 CoC and YHDP Program Competition NOFO for additional details regarding any and all of these components and are encouraged to familiarize themselves with these documents to ensure proposed projects are eligible.

Any organization interested in applying for funds must complete the following LOI and submit it to Contessa Riggs ([contessa.riggs@maryland.gov](mailto:contessa.riggs@maryland.gov)) with a copy to Renee Ensor Pope ([renee.pope@maryland.gov](mailto:renee.pope@maryland.gov)) and the CoC NOFO team ([COC.princegeorges@maryland.gov](mailto:COC.princegeorges@maryland.gov)) by 11:59PM on Wednesday, August 21, 2024.

Organizations submitting a completed LOI are highly encouraged to attend the CoC Office Hours and virtual meeting invite(s) will be sent to all organizations who submitted an LOI by the established deadline(s). The CoC reserves the right to invite additional potential applicants as deemed necessary to ensure the best possible competition.

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**Letter of Interest Form**

Organization Name: \_\_\_\_\_

Primary Point of Contact for NOFO communications:

Name	Title	Phone	Email Address
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DUNS Number: \_\_\_\_\_ SAMS Number: \_\_\_\_\_

UEI Number and expiration date: \_\_\_\_\_ FID Number: \_\_\_\_\_

Current Annual Agency Budget: \$ \_\_\_\_\_

Is the organization a Medicaid Billable Agency? Yes No

Has the organization received Federal funding in the past: Yes No

If yes, provide the amount and most recent year received: \_\_\_\_\_

Has the organization received State or Local government funding in the past: Yes No

If yes, provide the amount and most recent year received: \_\_\_\_\_

Funding Type Requesting:

Regular (non DV) Bonus Domestic Violence Bonus

Proposed Housing Type: Permanent Supportive Housing Rapid Re-housing

Joint Component Project

Amount Requested: \$ \_\_\_\_\_ Projected Number of households to be Served: \_\_\_\_\_

Target Homeless Subpopulation (check all that apply):

Chronic Unsheltered w/High Service Needs Behavioral/ Somatic Health Seniors/Aging

Physically Disabled Unaccompanied Youth/Young Adults Families Returning Citizens

Domestic Violence/ Sexual Assault Trafficking Veterans Other

If other, please list: \_\_\_\_\_

Will the project be operated under the tenets of Housing First and other Evidence Based Practices?

Yes  No

Provide a brief description of your organization and, if funded, the program you would create. Please include the organization's experience and expertise operating housing and/or health programs, providing services to homeless and/or low income individuals, and the target sub-populations.