Jackson County
CONTINUUM of CARE
Working together to end homelessness

FY25 CoC Competition – Letter of Intent to Apply

Agency Name: _____

Primary Contact Person: _____
Title: _____
Email: _____
Phone: _____

Project Type You Intend to Apply For (check one):

☐ Renewal
☐ New

Project Component (check all that apply):

☐ **Transitional Housing (TH)**
☐ **Supportive Services Only – Standalone (SSO-Standalone)**
☐ **Supportive Services Only – Outreach (SSO-Outreach)**
☐ **Supportive Services Only – Coordinated Entry (SSO-CE)**

☐ Other: _____

Funding Source (check all that apply):

☐ Annual Renewal Demand (ARD)
☐ DV Bonus (New Projects)
☐ CoC Bonus (New Projects)
☐ Reallocation

Project Name (or Proposed Name):

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Brief Description of Project (2–3 sentences):

Estimated Request Amount:

$ _____

Database to Be Used:

☐ HMIS
☐ Comparable Database (DV Providers Only)

Authorized Agency Representative:

Name: _____
Title: _____
Date: _____