

Please use the form below to request a letter of support from Community Alliance for the Homeless and the Memphis/Shelby County Homeless Consortium/Continuum of Care as set forth in Policy 3.9 of the MSCHC Governance Charter. This form should be used for all funding opportunities that require or request a letter of support as a part of the application process.

Upon completion of this form, please email it as a PDF to the CoC Planning Director.

1. Date of Request: _____

2. Date Letter Needed: (Must be over 10 business days from request date) _____

3. Agency Name: _____

Contact Name: _____

Title: _____

Email Address: _____

Phone number: _____

4. Who is the funder and what is the funding opportunity for which you are applying?

5. Please indicate to whom the letter will be addressed (name, title, and address):

6. Funding amount requested in application: _____

7. Project Type:

Outreach Emergency shelter Rapid Re-housing Transitional housing

Permanent Supportive Housing Other _____

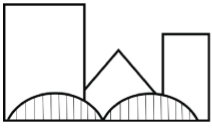
8. How many individuals or families will this project serve and over what time period? _____

9. Population and/or subpopulation focus (e.g. families, veterans): _____

10. Will participants be required to accept certain supportive services or meet certain prerequisites (e.g. sobriety) as a condition of entering the program? If yes, explain.

11. Briefly describe the intended project. All answers should include:

- Eligibility requirements to participate in the project/program
- An explanation of the need for the project
- How the project aligns with the work and goals of the Memphis/Shelby County Homeless Consortium



**Memphis / Shelby County
Homeless Consortium**

12. Describe your agency's current level of participation in the Memphis/Shelby County Homeless Consortium including frequency of committee meeting attendance.

13. Describe your agency's current level of participation in the Coordinated Entry System (CES).

14. Describe your agency's current level of participation in the Homeless Management Information System (HMIS).

Please affirm that the information provided above is accurate to your knowledge and that executive leadership of your agency is aware of the request made on the agency's behalf.

Name Title Signature

Internal CAFTH Use Only:

____ Approved, Date Letter Provided: _____ | _____ Denied, Reason: _____