**Mountainland Continuum of Care**

**CoC Project Application Letter of Intent**

**Renewal Projects Only**

**Due August 3, 2017 at 11:59 PM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mountainland Continuum of Care Administrative Staff:

Our organization reports the following intent of participation in the FY2017 HUD NOFA:

Yes, our organization will be submitting a renewal application for the project listed above and will comply with all of the application requirements and deadlines set forth by the CoC. Application submission contact:

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No, our organization will not be submitting a renewal application for FY2017. We request that this project be removed from the GIW.

Yes  No Our organization plans to also apply for an expansion on our project as a new project.

Any additional comments, if necessary:

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Executive Director (signature) Date