

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2026 NEW PROJECT - LETTER OF INTENT				
Name of Applicant (Agency)			Date:	
Agency Address				
	<i>Street</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
Name of Contact Person				
	<i>Name</i>	<i>Email address</i>	<i>Phone number</i>	
VERIFY THAT THE CEO/ED OF YOUR AGENCY HAS AUTHORIZED THIS SUBMISSION BY CHECKING THE BOX: ☐ PLEASE CHECK BOX TO INDICATE AUTHORIZATION				
Proposed Project Name			Amount Requested:	
(1) Briefly describe your agency's experience in working with the homeless. DV projects describe your agency's experience in providing services to victims of domestic violence. Non-housing projects describe your agency's experience in homeless information systems and/or coordinated entry systems (1,500 character limit).				
(2) Population to be served by this project (select only one - non-housing projects select N/A)				
Individuals		Families		
Number of individuals to be served		Number of families to be served		
Will each person have his/her own unit? yes ☐ no ☐		Total number of units		
If NO, how many units will there be?		Total number of beds		
How many persons will be in each unit?		N/A		
(3) Project type (select only one)				
☐ New Project - PH/PSH		☐ DV Bonus - PH/RRH		☐ Expansion
☐ New Project - PH/RRH		☐ DV Bonus - TH		☐ Dedicated HMIS
☐ New Project - TH		☐ DV Bonus - SSO/CE		☐ SSO/CE
(4) Category of funding requested for project (may combine Bonus and Reallocated Funds - may not combine DV Bonus with other funds)				
☐ CoC Bonus Funds				
☐ Reallocated Funds				
☐ DV Bonus Funds				
(5) Proposed Project Budget*				
ELIGIBLE COSTS				
1a. Leased Units				
1b. Leased Structures				
2. Rental Assistance				
3. Supportive Services				
4. Operating				
5. HMIS				
6. Subtotal Costs Requested				\$0
7. Admin (up to 10%)				
8. Total Assistance plus Admin Requested				\$0
9. Cash Match <i>NOTE: Grantees must match all grant funds, except for leasing funds, with no less than 25% of cash or in-kind contributions from</i>				
10. In-Kind Match <i>other sources.</i>				
11. Total Match				\$0
12. TOTAL BUDGET				\$0
(6) Proposed Project Location (must be located within the CoC's region - Barnstable, Dukes, or Nantucket County - select as many as apply)				
☐ Barnstable County (indicate region)				
☐ Upper Cape				
☐ Mid Cape				
☐ Lower Cape				
☐ Dukes County				
☐ Nantucket County				
☐ Entire CoC's Geographic Region				
(8) Please confirm below that you understand all CoC-funded projects must participate in the following as required by HUD (non-housing projects select N/A)				
☐ Homeless Management Information System (HMIS) - for DV Projects, participation in a confidential database comparable to HMIS				
☐ Coordinated Entry System (CES) - for DV Projects, participate in CES following protocols that ensure client safety and confidentiality				
☐ N/A				

NOTE: Check boxes as appropriate. Enter responses into cells highlighted in grey, which can be navigated by using the tab key. Totals for lines 6, 8, 11, and 12 of the Proposed Project Budget will be automatically calculated by embedded formulas and will auto-populate the appropriate cells.

*** Budget calculations should be based on FY2026 HUD Fair Market Rents (FMRs) - See Tab 2**