

<September 09, 2021>

Anna Laven, Executive Director
Bakersfield Kern Regional Homeless Collaborative
1900 E Brundage Ln
Bakersfield, CA. 93307

RE: Letter of Intent –FY 2021 Continuum of Care Application

Dear Anna:

Please let this serve as the Letter of Intent for <Agency Name> to <renew/apply for> <List of Projects>. <Agency Name> will be applying for funding through the FY 2021 Continuum of Care Program. <Agency Name> is an active member of the Bakersfield Kern Regional Homeless Collaborative in good standing.

Applicant's Legal Name: <Agency Name>

Please contact the following persons regarding the Consolidated Application:

Point of Contacts:	<Name>	<u>AND</u>	<Name>
Organization:	<Agency Name>		<Agency Name>
Title:	<Title>		<Title>
Mailing Address:	<Mailing Address>		<Mailing Address>
	<Mailing Address>		<Mailing Address>
Email Address:	<u><E-mail></u>		<u><E-mail></u>
Phone:	<Phone Number>		<Phone Number>

Included with this Letter of Intent are:

-
-
-

Sincerely,

<Name>
<Title>

AGENCY SPECIFIC INFORMATION ENTERED HERE

MAKE SURE TO INCLUDE GRANT NAME AND PROGRAM TYPE

PUT ALL PROJECTS IN THIS SECTION

Letter of Intent

HUD THRESHOLD REQUIREMENTS

1. Active SAM registration number: _____
2. Valid DUNS number in application: _____
3. Our agency has no Outstanding Delinquent Federal Debts- It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e),
OR I certify that our agency has outstanding delinquent federal debt, however we have a negotiated repayment schedule and the repayment schedule is not delinquent, or other arrangements satisfactory to HUD are made before the award of funds by HUD.
4. Our agency has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.
5. Our agency agrees to disclose any violations of Federal criminal law in the box below. (attach additional pages if necessary)

6. Our agency agrees to disclose the required certifications as specified in the NOFA.

Faith-based activities

Does your proposed renewal program use direct program funds to support or engage in any explicitly religious activities, including activities that involve overt religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law?

☐ Yes ☐ No

Involuntary family separation

Does the project accept all families with children under age 18 without regard to the age of any child? In general, under the HEARTH Act, any project sponsor receiving funds to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18. Note there is an exception outlined in the Act: Project sponsors of transitional housing receiving funds may target transitional housing resources to families with children of a specific age only if the project sponsor: (1) operates a transitional housing program that has a primary purpose of implementing evidence based practice that requires that housing units be targeted to families with children in a specific age group; and (2) provides assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured.

☐ Yes. Project certifies that it accepts all families with children under age 18 without regard to the age of any child.

- ☐ No. Project does not comply with this requirement. A narrative is attached explaining how the project will comply with this HEARTH Act requirement.
- ☐ No. Project does not comply with this requirement but qualifies for an exception because it is implementing an evidence based practice that requires housing units targeted to families with children in a specific age group. A narrative is attached explaining how the project will comply with the exception, including identification of the evidenced based practice being utilized.
- ☐ N/A. Project does not serve families.
- ☐ N/A. Project is new and has not started yet.

Discrimination Policy

Does your program deny services to potential recipients based on any of the following:

- | | | |
|----------------------|------------------------------|-----------------------------|
| • Age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Color | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Familial Status | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Gender | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Marital Status | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • National Origin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Race | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Religion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sexual Orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered “yes” to any of the above, please explain why in the box below (expand box as needed).

7. This project will serve the population which meet program eligibility requirements as described in the Act. This includes any additional eligibility criteria for certain types of projects contained in the NOFA.

If the project is not providing participant data in the HMIS – indicate one or more of the four (4) reason(s) for non-participation:

- | | |
|---|---|
| <input type="checkbox"/> Federal law prohibits (please cite specific law) | <input type="checkbox"/> State law prohibits (please cite specific law) |
| <input type="checkbox"/> New project not yet in operation | <input type="checkbox"/> Other (please specify prohibition) |

5. I certify that Our Agency board structure is compliant with HUD regulations

Does your agency provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or sub recipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or sub recipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions?

☐ Yes ☐ No

If not, please provide an action plan/timeline on when your agency will be compliant with this requirement in the box below (expand box as needed).

Does your agency, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project?

☐ Yes ☐ No

If not, please provide an action plan/timeline as to when your agency will be compliant with this requirement in the box below (expand box as needed).