FY 2026 San Bernardino County Continuum of Care
Letter of Intent to Renew CoC Project

Instructions: Please complete one letter for each renewal application. Complete, sign, scan and email the completed Letter of Intent (LOI) to Enter Name and email address of appropriate OHS staff member.

All completed LOIs are due to the Office of Homeless Services on or before 5pm on June 30, 2026. Please return to HomelessRFP@hss.sbcounty.gov.

Agency Information

Data Universal Numbering System (DUNS)# or Unique Entity Identifier (UEI)#:

Legal Agency Name:

Agency Address:

City: State: CA Zip:

Phone: Fax: Email:

Grant/Application Contact Person

Name:

Phone:

Email:

Agency Director

Name:

Phone:

Email:

Homeless Management Information System (HMIS) Contact Person

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant Amount:

Grant Term:

Expiration Date:

Program Type:

Primary Population:

Annual Renewal Amount for Project:

Total Number of Units:

Have there been changes to the project since the last award?

☐**Yes**
☐**No**

If yes, describe briefly:

Does the Applicant intend to request changes to this renewal? If yes, indicate the type of change by checking the appropriate box(es):

Item	Description	Intended Change Described
Budget Change	Change line items; change in total budget	
Housing	Reduction in beds or units / Services	
Target Population	Change in population focus	
Location	Change in location of housing or service area	
Project Expansion	Potential Request to Expand Project: serve more clients; add housing; add services	
Other		

Previously approved budget amounts by activity:

Activity:	Budget Amount:	Budget if Intended Change is Approved
Leased Units		
Leased Structures		
Rental Assistance		
Supportive Services		
Operations		
HMIS		
Administration		
Total:		

Name and Signature of Person who will complete the application:

_________________________________ _________________________________
Name Signature

Name and Signature of Person authorized to sign the HUD application:

_________________________________ _________________________________

Name Signature

I certify, on behalf of my agency, that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on our overall review and may result in removal from the CoC Application to HUD. I also understand that agencies not submitting their Letter of Intent for their projects by the deadline may be reallocated.

Executive Director/CEO/President Date

Background Information

The Continuum of Care (CoC) will consider the need to continue funding for projects expiring in Calendar Year (CY) 2027 as required by the U.S. Department of Housing and Urban Development (HUD). However, as noted by HUD, renewal projects must meet Project Eligibility Threshold, Renewal Project Threshold requirements, minimum project eligibility, capacity, timeliness, and performance standards identified in the FY 2026 CoC Competition NOFO or they will be rejected from consideration for funding.

Threshold Criteria

Per Section V.A.4.a of FY 2026 CoC Competition NOFO, applicants who fail to meet the following threshold eligibility requirements are ineligible.

Project Eligibility Threshold

HUD will review all projects to determine if they meet the following project eligibility threshold requirements on a pass/fail standard. If HUD determines the applicable standards are not met for a project, HUD will reject the project. HUD will consider any project requesting renewal funding as having met requirements (1)-(4) through its previously approved grant application unless HUD finds information to the contrary (e.g., monitoring findings, results from investigations by HUD's Office of Inspector General, the recipient routinely does not draw down funds from eLOCCS at least once per quarter, consistently late Annual Performance Report (APR) submissions). Approval of new and renewal projects is not a determination by HUD that a recipient is compliant with applicable fair housing and civil rights requirements.

(1) Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).

(2) Project applicants and subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant and subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal, state, local, or private resources.

(3) The population to be served must meet program eligibility requirements as described in the Act, the Rule, and section III.G.11 of the FY 2026 CoC Competition NOFO.

(4) Project applicants, except Collaborative Applicants that only receive awards for CoC Planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.

(5) Project applicants must submit the required certifications specified in FY 2026 CoC Competition NOFO.

(6) Project applicants must certify affirmatively to the following:

(a) The project applicant will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).

(i) Do you certify that your agency will not engage in illegal racial discrimination as noted in 2 CFR 200.300(a)?

☐**Yes**
☐**No**

(b) The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863. This is consistent with the objectives outlined in Section III.B as noted in the FY 2026 CoC Program NOFO and is consistent with the requirements of 2 CFR 200.300(a).

This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

(i) Do you certify that the project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.

☐**Yes**
☐**No**

(7) HUD reserves the right to verify past performance and evaluate the eligibility of a project application submitted during the CoC Program Competition to ensure that it can adequately manage federal awards and comply with all applicable federal laws. HUD will not penalize applicants for complying with the terms and conditions of prior HUD grants.

While considering the need to continue funding for projects expiring in CY 2027, the Grant Review Committee (GRC) and Office of Homeless Services (OHS) will review the information that HUD noted in the FY 2026 HUD CoC Competition NOFO which is as follows:

Renewal Project Threshold

To maintain the competitive and objective nature of the CoC Program under the McKinney Vento Act and comply with 2 CFR 200.309 and 200.205, which together require renewals for federal grants to be issued based on objective and merit-based criteria, all renewals will be re-evaluated each year. CoCs must consider the need to continue funding for projects expiring in CY 2027 (January 1, 2027, to December 31, 2027) when applying for FY 2026 CoC and YHDP funding. Renewal projects must meet the minimum project eligibility, capacity, timeliness, and performance standards identified in this NOFO or they will be rejected from consideration for funding:

(1) When considering renewal projects for award; HUD will review information in eLOCCS, APRs, and information provided from the local HUD CPD field office, including monitoring reports and audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:

- (a) whether the project applicant's performance met the plans and goals established in the initial application or grant as amended;
- (b) whether the project applicant demonstrated all timeliness standards for grants being renewed have been met, including those standards for the expenditure of grant funds;
- (c) the project applicant's performance in assisting program participants to achieve and maintain self-sufficiency and independent living and records of success, except dedicated HMIS projects are not required to meet this standard; and
- (d) evidence of unwillingness of project applicants to accept technical assistance, a history of inadequate financial accounting practices, indications of project mismanagement, a drastic reduction in the population served, program changes have been made without prior HUD approval, or the loss of project site control.

(2) HUD reserves the right to reduce or reject a project application submitted during the CoC Program Competition based on HUD's evaluation for reasons including, but not limited to, the following:

- (a) outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- (b) audit finding(s) for which a response is overdue or unsatisfactory;
- (c) history of inadequate financial management accounting practices;
- (d) evidence of untimely expenditures on prior award;
- (e) history of other major capacity issues that have significantly affected the operation of the project and its performance;
- (f) history of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly;
- (g) history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes;

(h) compliance with audits for large grant recipients (over $1,000,000 or more) as required by 2 CFR 200.501.

Cost Sharing or Matching

This Program requires cost sharing or matching, as described below. 24 CFR 578.73 of the Rule requires that recipients must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. Project applicants that intend to use program income as a match must provide an estimate of how much program income will be used for the match. HUD will not require YHDP Renewal or replacement projects to meet the 25 percent match requirement if the applicant is able to demonstrate it has taken reasonable steps to maximize resources available for homeless youth or if the recipient has already had a match exemption approved for this renewal as provided in Section I.C.1.b.4 of Appendix A of the FY 2022 Youth Homelessness Demonstration Program NOFO (FR-6700-N-35).

a) Will your agency be able to provide the match requirement for your renewal project (including a letter of commitment)?

☐**Yes**
☐**No**

Renewal Project Rating Factors

If a renewal project passes the Project Eligibility Threshold as noted on pages 7 – 15 of this LOI, the project will be **reviewed and scored** by the GRC and OHS based on the following rating factors.

I. System Performance Measures (30 points)

The intent of the System Performance Measures (Sys PM) reports is to encourage CoCs to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. HUD uses system-level performance information as a competitive element in its annual CoC Program Competition and to gauge the state of the homeless response system nationally.

HMIS Participating Agencies: Project-level Sys PM information will be used as an element to determine the effectiveness of local projects within the San Bernardino County CoC. **OHS will collect the following project level Sys PM for Homeless Management Information System (HMIS) participating agencies directly from the local HMIS. There is not any action required on the part of the HMIS participating renewing agencies to complete Section I. System Performance Measures:**

- Persons Exit Homeless to Permanent Housing Destination and Return to Homelessness
- Employment and Income Growth not government assistance for Homeless Persons
- Successful Placement from Street Outreach and Successful Placement to Permanent Housing or retention of permanent housing.

System Performance Measures		Reporting Period FY 10/1/2024-9/30/2025
1.	**The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness** - This measures client who exited SO, ES, TH, SH, or PH to a permanent housing destination within 12 months and 24 months prior to the report date range. The measure reports on how many of them returned to homelessness as indicated in the HMIS within 12 months and 24 months after their initial exit.	
2.	**Percentage of Employment Income Growth for Homeless Persons** not government assistance for Homeless Persons	
3.	**Successful Placement from Street Outreach and Successful Placement in Permanent Housing or retention of permanent housing**	
	ES, SH, TH, and PH-RRH exits to permanent housing destinations	
	PH-PSH exits to permanent housing destinations or retention in Permanent Housing	

Victim Service Providers: Victim Services Providers (VSP) that are recipients or subrecipients under HUD CoC and Emergency Solutions Grant (ESG) Programs are required to collect client-level data consistent with HMIS data collection requirements. The Violence Against Women Act (VAWA) and the Family Violence Prevention and Services Act (FVPSA) contain strong, legally codified confidentiality provisions that limit VSPs from sharing, disclosing, or revealing victims' Personally Identifying Information (PII), including entering information into shared databases like HMIS. To protect clients, VSPs must enter HUD's required client-level data into a comparable database that is comparable to and complies with all HMIS requirements but is only accessible to the VSP. The survivor data reports the VSP program shares with HUD is in the aggregate (combined and does not include PII) to ensure survivor confidentiality.

Project-level Sys PM information will be used as an element to determine the effectiveness of local projects within the San Bernardino County CoC. **VSPs will collect the project level Sys PM directly from their HMIS comparable database and note the results in the box below:**

System Performance Measures		Reporting Period FY 10/1/2024-9/30/2025
1.	**The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness** - This measures client who exited SO, ES, TH, SH, or PH to a permanent housing destination within 12 months and 24 months prior to the report date range. The measure reports on how many of them returned to homelessness as indicated in the HMIS within 12 months and 24 months after their initial exit.	
2.	**Percentage of Employment Income Growth for Homeless Persons** not government assistance for Homeless Persons	

3.	**Successful Placement from Street Outreach and Successful Placement in Permanent Housing or retention of permanent housing**	
	ES, SH, TH, and PH-RRH exits to permanent housing destinations	
	PH exits to permanent housing destinations or retention in PH Housing	

II. Recipient Compliance with Grants and Financial Management (30 points)

Per 24 CFR part 578 requires that Project Applicants specifically identify five benchmarks for grants and financial management that communities must reach to meet this standard, which are:

- On-time APR submission to HUD;
- Unresolved HUD/OHS monitoring findings, or Office of Inspector General (OIG) Audits, if applicable;
- Quarterly submission of claims, quarterly drawdowns;
- The full expenditure of awarded funds; and
- Cost effectiveness of the project.
- Average percentage of funds drawn down

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?

APRs are due within 90 days after the grant term expires. Select **"Yes"** to indicate that an APR has been submitted for the grant term that has most recently expired). Select **"No"** to indicate that an APR has not been submitted for the grant term that has most recently expired. If this is a first-time renewal for which the original grant term has not yet expired, select the third corresponding box.

☐**Yes**
☐**No**
☐**This is a first-time renewal for which the original grant term has not yet expired.**

If you selected **"No"** above, provide a brief explanation for why the APR was not submitted on time in the box below (attach an extra page if necessary). If you selected **"This is a first-time renewal for which the original grant term has not yet expired,"** please write, "First-time renewal and grant term has not yet expired" and provide the date by which the APR must be submitted.

2. **Does the recipient have any unresolved HUD or OHS Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?**

   ☐**Yes**
   ☐**No**

   Select **"Yes"** if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. Select **"No"** if there are no unresolved HUD Monitoring or OIG Audit findings.

   a. **Date HUD or OHS Services or OIG issued the oldest unresolved finding(s):**
      If you selected **"Yes"** above, provide the date that the oldest unresolved finding was issued.

      Date the oldest unresolved finding was issued: ________________

   b. **Explain why the finding(s) remains unresolved:**
      If you selected **"Yes"** above, provide a brief explanation in the box below (attach extra pages if necessary) for why the monitoring or audit finding remains unresolved and the steps that have been taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

3. **Has the recipient maintained timely and consistent quarterly submission of claims for the most recent grant terms related to this renewal project request?**

   ☐**Yes**
   ☐**No**

   CoC Program recipients are required to submit claims on a quarterly basis. Select **"Yes"** to indicate that you have maintained quarterly submission of claims for the most recent relevant grant term. Select **"No"** to indicate that the recipient has not maintained consistent quarterly claim submissions for the most recent relevant grant term, or if this is a first-time renewal for which less than one quarter has passed.

   a. **Explain why the recipient has not maintained timely and consistent quarterly claim submission for the most recent grant terms related to this renewal project request.**

      If you selected **"No"** above, provide a brief explanation in the box below (expand box as needed) for why quarterly claim submissions have not been maintained. Delays in draws due to a late HUD funding announcement and receipt of renewal of the grant agreement may be included in such an explanation.

4. **Have any funds been recaptured by HUD for any of the three (3) most recently expired grant terms related to this renewal project request?**

   ☐**Yes**
   ☐**No**
   ☐ **This project has not yet completed a full program year.**

   Select **"Yes"** to indicate that funds have been recaptured, meaning that not all awarded funds were expended during the three previous completed grant terms. Select **"No"** to indicate that no funds were recaptured. If this is a first-time renewal for which the original grant term has not yet expired, select the third corresponding box.

   a. **If you selected "Yes" above, explain the circumstances that led to HUD recapturing funds from any of the three (3) most recently expired grant terms related to this renewal project request:**

      Provide a brief explanation in the box below (attach an extra page if needed) for why the total awarded funds were not expended and were recaptured. Include the amount returned.

5. **Determining Cost Effectiveness**

   Cost per permanent housing exit can be determined by dividing the total award amount by the number of permanent housing exits. PSH projects may also include the number of clients that have maintained PSH for 6 months (181 days) or more. These costs can be averaged across all projects within a project type to determine the average or median cost per permanent housing exit for the community for that project type.

   5a. **RRH Projects** – Using the most recently submitted APR, divide the Total Award Amount (APR Q. 1a) by the number of positive housing exits (APR Q. 23c-Permanent Destinations).

   5b. **PSH Projects** – Using the most recently submitted APR, divide the Total Award Amount (APR Q. 1a) by the number of positive housing exits (APR Q. 23c-Permanent Destinations) and the number of clients that have retained PSH for 6 months (APR Q. 22a1-181 days plus) or more.

   5c. **Joint TH-RRH Projects** – Using the most recently submitted APR, divide the Total Award Amount (APR Q. 1a) by the number of positive housing exits (APR Q. 23c-Permanent Destinations).

6. **Average Percentage of Draw Downs**

   The rating process will include a review of HUD's CoC Quarterly Expenditure Report for the last 3 years. Points will be assigned based on the percentage of funds awarded to the project that have been drawn down during the prior project years (2023, 2024, and 2025).

III. Community Coordination and Availability of Supportive Services (15 points)

Please identify whether the project coordinates the following activities:

1. **Does the project incorporate supportive service participation requirements in their program design, based on individual need in accordance with 24 CFR 578.75(h). (10 points)**

   ☐**Yes**
   ☐**No**

   Select **"Yes"** if the project incorporates supportive service participation requirements in their program design, based on individual need in accordance with 24 CFR 578.75(h).
   Select "**No"** if the project does not incorporate supportive service participation requirements in their program design.

2. **The type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that participants are able to successfully achieve self-sufficiency and exit homelessness (3 points)**

   ☐**Yes**
   ☐**No**

   Select **"Yes"** if supportive services or assistance listed above will be offered on-site for program participants. Select **"No"** if no supportive services or assistance is not available on-site for program participants.

3. **Does the project provide transportation assistance to clients to access mainstream program appointments, employment opportunities, employment training, and other supportive services to help program participants increase their employment and employment income? (2 points)**

   ☐**Yes**
   ☐**No**

   Select **"Yes"** if the project provides regular or as needed transportation assistance to mainstream service appointments, including employment training, educational programs, or jobs. Select **“No”** if transportation is not regularly provided or cannot be provided consistently as requested.

IV. Data Collection Requirements (10 points)

All CoC Program funded projects are required to collect all the Universal Data Elements and a select number of Program-Specific Data Elements. Complete and accurate records are required to ensure data quality. A 95% standard of completeness rate for all funded homeless projects is expected.

Indicate the percentage of error rate taken from you HUD Data Quality Report for the last 10 days of January 2026 (1/21/26-1/31/26)

Universal Data Element	% of Error Rate
3.01 Name	
3.02 Social Security Number	
3.03 Date of Birth	
3.04 Race and Ethnicity	
3.07 Veteran Status	
3.08 Disabling Condition	
3.10 Project Entry Date	
3.11 Project Exit Date	
3.12 Destination	
3.15 Relationship to Head of Household	
3.16 Enrollment CoC	
3.20 Housing Move-In Date	
3.917 Prior Living Situation	
Specific Data Elements	**% of Error Rate**
4.02 Income and Source	
4.02 Income and Sources at Start	
4.02 Income and Sources at Annual Assessment	
4.02 Income and Sources at Exit	

V. Partnering with Self-Sufficiency Supports (5 points)

Does your agency maintain formal partnerships/written agreements with recovery treatment, mental health, and employment services?

☐**Yes**
☐**No**

VI. Partner with Law Enforcement, First Responders, and local government (5 points)

Does the recipient partner with law enforcement, first responders, and local government to reduce encampments and address barriers to maintain housing and increase self-sufficiency?

☐**Yes**
☐**No**

VII. Utilization Rates (5 points)

1. **Permanent Supportive Housing Projects that serve Households with Children**

   Unit utilization rates are calculated by taking the number of households served on any given day and dividing them by the number of units available. From your **most recent APR (Q. 2)**, complete the table below on the point-in-time count of households served on the last Wednesday in the corresponding month:

Month	*Total # of Units	Total # of Units Occupied	Utilization Rate
January			
April			
July			
October			

***The total number of units should equal the number of units submitted in your application.**

2. **Permanent Supportive Housing Projects that serve Households without Children**

   A bed utilization rate is equal to the total number of people served on any given day divided by the total number of beds available on that day. From your **most recent APR (Q. 2)**, complete the table below on the point-in-time count of households served on the last Wednesday in the corresponding month:

Month	*Total # of Beds	Total # of Beds Occupied	Utilization Rate
January			
April			
July			
October			

***Total number of beds should equal the number of units submitted on your application.**

3. **Rapid Re-Housing**

Rapid Re-Housing (RRH) provides short- or medium-term tenant-based rental assistance in community-based housing paired with necessary supportive services for homeless individuals and families (with or without a disability). RRH assistance usually begins prior to the client entering housing.

Unit utilization rates are calculated by taking the number of households served on any given day and dividing them by the number of units available. Units available' means the total number of RRH projected (funded) in the grant award at a given time, not just the beds occupied. From your **most recent APR (Q. 2)**, complete the table below on the point-in-time count of households served on the last Wednesday in the corresponding month:

Month	*Total # of Units	Total # of Units Occupied	Utilization Rate
January			
April			
July			
October			

***The total number of units should equal the number of units submitted in your application.**

4. **Joint Transitional Housing/Permanent Housing-Rapid Re-Housing**

Joint Transitional Housing/Permanent Housing-Rapid Re-housing (TH/PH-RRH) projects combine the activities of a transitional housing project with those of a rapid re-housing project. This project component provides a new way to meet some of the pressing challenges that communities are facing. These projects provide a safe place for people to stay – transitional housing – with financial assistance and wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible.

<u>Rapid Re-Housing Component</u> – From your most recent APR (Q. 2), complete the table below on the point-in-time count of households served on the last Wednesday in the corresponding month:

Month	*Total # of Units	Total # of Units Occupied	Utilization Rate
January			
April			
July			
October			

***The total number of units should equal the number of units submitted in your application.**

<u>Transitional Housing Component</u> – From your most recent APR (Q. 2), complete the table below on the point-in-time count of households served on the last Wednesdays in the corresponding month:

Month	*Total # of Units	Total # of Units Occupied	Utilization Rate
January			
April			
July			
October			

***The total number of units should equal the number of units submitted in your application.**

Joint TH/PH-RRH – The Final score will be based on the average utilization rates for both RRH and TH Components.