Morris County Continuum of Care

2024 Letter of Intent to Renew Funding

## Organization and Contact Information

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| Organization Name: |  |  |
| Project Name: |  |
| Grant Number: |  |

**Summary Statement:**

Briefly describe the project including the funding priority and/or gap the project addresses and how it aligns with the mission of the agency and the mission and strategic plan of the Morris County CoC. Please also discuss if there have been or will be any significant changes planned for the supportive services, operations, or structure of either this program or within the agency.

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**Budget**

Complete the Budget Worksheet in Excel.

**Project SMART Goals and Objectives**

Using the SMART goal format below, list the objectives and outcomes of the project including, but not limited to:

* The number of households to be served.
* Number of participants to be linked to training, employment, and/or benefits.
* Specific system performance metrics that are relevant to the project

<https://files.hudexchange.info/resources/documents/system-performance-measures-in-context.pdf>

* Services provided after discontinuation of services to maintain permanent housing status past 24 months.
* Implementation of Housing First practices in the project

**SMART Goals Worksheet**

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| --- | --- | --- | --- | --- |
| **Specific Anticipated Outcome or Deliverable (must be measurable)** | **Activities** | **Responsible Person or Group** | **Timeline (starting date – ending date)** | **Measurement Method or Data Source** |
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