

FY2022 HUD CoC & Supplemental NOFO

Letter of Justification Coversheet

Program Information:

Provider Name: _____ Program Name: _____

Program Target Population: _____ Program Total Capacity: _____

*Please identify the target population using the following options:
Families with Children, Families with Children (headed by a youth), Unaccompanied Adults, Unaccompanied Youth*

Current Budget

Please enter a summary of the proposed budget below.

<u>HUD Grant 12 Month Budget Amount</u>		
Operating	Supportive Services	Leasing/Rental Assistance
\$ _____	\$ _____	\$ _____

Match Resources:

Please enter your match resources below. If more space is needed, please submit on a separate document and attach to this cover sheet.

<u>Match Resource</u>								
Match Amount	Type of Match			Effective Date of Match Resource	Expiration Date of Match Resource	Is this source renewable?		Type of verification provided
						Yes	No	
\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> In Kind	<input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>	

<u>Match Resource</u>								
Match Amount	Type of Match			Effective Date of Match Resource	Expiration Date of Match Resource	Is this source renewable?		Type of verification provided
						Yes	No	
\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> In Kind	<input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>	

<u>Match Resource</u>								
Match Amount	Type of Match			Effective Date of Match Resource	Expiration Date of Match Resource	Is this source renewable?		Type of verification provided
						Yes	No	
\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> In Kind	<input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>	

Submission Verification

Prepared By

Submitted By _____
Date

