



NY-501 Letter of Support Request Form

Date approved

Requests for letters of support should be made 10 business days in advance of when letter is needed. To request a letter of support this form must be completed and accompany a draft of the letter. Both documents should be sent to CARES, (200 Henry Johnson Blvd, Suite 4, Albany 12210) with Attention to: NY-501 Board.

1. Are you an active participant on your county's Homeless Housing Task Force?
2. Are you an active participant on a CoC committee or board?
3. Please provide a brief summary of the project (250 word limit).
4. Please document the need for the project (250 word limit)
5. Briefly detail how the project fits within the CoC's mission (250 word limit).
6. Is the agency requesting the letter a member of the NY-501 Continuum of Care or any of the local Housing Task Forces?
7. When do you need to have the letter of support?

I _____ on behalf of _____ am

requesting a letter of support from the NY-501 Continuum of Care for a project being proposed to

_____. The project will take place in following county (ies)

_____.