Mar-quetta BoddieExecutive Director

23 S. Main St.

Suite 302

Akron, Ohio 44308 Phone (234)312-0833

Letter of Intent (LOI)

2024 Summit County Continuum of Care Agency Information

**UEI #:**

**Agency Name:**

**Agency Address**:

**City: State: Zip:**

**Phone : Fax : Email :**

**Grant/Application Contact Person :**

**Phone: Email:**

**Agency Director:**

**Phone: Email:**

**Project Information:**

**Name of Project:**

**Project Address:**

**Grant Number:**

**Grant amount:**

**Grant Term:**

**Expiration Date:**

**Program Type:**

**Primary Population:**

**Total Number of Units:**

**Total Number of Beds:**

**Project Description:**

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**Project Information:**

**Name of Project:**

**Project Address:**

**Grant Number:**

**Grant Amount:**

**Grant Term:**

**Expiration Date:**

**Program Type:**

**Primary Population:**

**Total Number of Units:**

**Total Number of Beds:**

**Project Description:**

\*\*\*\*\*\*\*

**Project Information:**

**Name of Project:**

**Project Address:**

**Grant Number:**

**Grant Amount:**

**Grant Term:**

**Expiration Date:**

**Program Type:**

**Primary Population:**

**Total Number of Units:**

**Total Number of Beds:**

**Project Description**:

*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 above project(s). I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD*.

**Executive Director/CEO/President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**