**Form 5**

**City of Charlotte**

**Emergency Solution Grant (ESG)**

**Letter of Interest**

Agency: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact Information (phone & email): Click or tap here to enter text.

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Target Population: Click or tap here to enter text.

Project Description: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Eligible Activity** | **Place check mark by each activity your agency will be interested in applying:** |
| Street Outreach |  |
| Emergency Shelter |  |
| Homelessness Prevention |  |
| Rapid Re-Housing |  |
| HMIS *(note: eligible activity only if in conjunction with another*  *eligible activity)* |  |

***[Continue to Page 2]***

**Please initial all boxes to indicate the organizational capacity.**

Agency can demonstrate that the project will provide a 100% match of the total budget amount.

Agency can demonstrate that the project would be ready to begin on July 1, 2023.

Agency has experience in providing housing and/or services to individuals or families experiencing homelessness.

Agency is prepared to participate in Coordinated Entry process approved by Charlotte-Mecklenburg Continuum

of Care.

Agency is prepared to utilize Homeless Management Information System to capture client-level data on all

clients in the program (or comparable database if Domestic Violence Provider).

Agency is prepared to follow Charlotte-Mecklenburg Written Standards which covers all ESG eligible activities.

**To the best of my knowledge and belief, all information submitted in the Letter of Interest is true and correct.**

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**Signature of Authorized Representative (or Designee)**

Click or tap here to enter text.

|  |
| --- |
| **(Print Name)** |

Click or tap here to enter text.

|  |
| --- |
| **(Title)** |

Click or tap here to enter text.

|  |
| --- |
| **(Date)** |

***Note: Submission of a Letter of Interest does not constitute an application, nor does it constitute approval for funding by the City of Charlotte.***