



Request for Letter of Support from the Western MA Network to End Homelessness

Please use this form to request letters of support from the Network for funding applications. Requests should be submitted to Pamela Schwartz, Director of Network Coordination at pschwartz77@gmail.com.

Guidelines for requests:

1. Requests must be made via email.
2. Please include a brief overview of your proposed project in the email.
3. Requests must be made no later than 1 week prior to the grant submission due date. Early notification of intent to request a letter is encouraged!

Once your request is received:

1. The request will go to the Network Management Team for review.
2. A determination of Network support will be made within 2-3 business days.
3. The proposer will be notified within 3 business days regarding the Network's support.
4. The letter of support, if approved, will be sent to the proposer within 7 days.

Management Team Review Criteria

Your ongoing communication and collaboration with the Network will guide our capacity to support your proposal! More specifically we request that proposals meet at least some of the following objectives.

1. Support for the Network's mission and vision to **reduce and end homelessness** by:
 - a. Providing community-based prevention/ eviction prevention resources
 - b. Creating alternatives to shelter through Diversion and Rapid Rehousing
 - c. Reducing length of stay in shelter settings
 - d. Increasing stability in permanent housing (e.g., through Housing First, clinical services, wrap-around supportive services, employment or education initiatives)
 - e. Preserving tenancies of HUD-defined subpopulations (e.g., young persons, DV survivors)
2. An emphasis on **collaboration**
 - a. Agency collaboration will be evaluated according to ongoing contributions to Network activities including but not limited to the agency's presence at Leadership Council or other Network meetings and/or participation in Network-level advocacy or outreach activities
 - b. The proposal should provide an opportunity to improve interagency collaboration within the Network
3. Enhancement of regional resources or the capacity to **fill gaps in services**/geographical availability of services
4. An effort to **reduce duplication** of services

Our hope is that the proposer is not competing with another Network partner and/or has demonstrated an effort to collaborate with others, if more than one entity is applying for the grant
5. **Inclusion** in program processes of people who have been, or are, homeless
6. Plans to review and improve the program through **data and information**

Proposal Information

Organization Name: _____

Contact Information: _____

Has your organization attended at least 1 LC meeting and/or at least 4 Committee meetings over the last year?

Yes No

Grant Information

Funder: _____

Maximum Funding Available: \$ _____ .00 Due Date: ___ / ___ / _____

Component	Proposal	
Geographic Area (county, city)	_____	
Target population	<input type="checkbox"/> Individuals <input type="checkbox"/> Families <input type="checkbox"/> Other: _____	
Target subpopulation	<input type="checkbox"/> Veterans <input type="checkbox"/> Chronic Homeless <input type="checkbox"/> Youth/ Young Adults <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> DV Survivors <input type="checkbox"/> HIV/AIDS Survivors <input type="checkbox"/> SA and/ or Serious MI	
Number Served Annually	_____ persons	_____ families
Program Type	<input type="checkbox"/> Direct Services <input type="checkbox"/> Housing	<input type="checkbox"/> Financial Assistance <input type="checkbox"/> Other: _____
Program Design	<input type="checkbox"/> Prevention <input type="checkbox"/> Diversion <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Stabilization	<input type="checkbox"/> Intensive Supportive Services <input type="checkbox"/> Clinical and/or Health Services <input type="checkbox"/> Tenancy Preservation <input type="checkbox"/> Other: _____
Evidence Based Practice	_____	
Co-Applicants/ Subcontractors	_____	
