



Support Letter Policy

What is the Purpose of this Policy?

The Butte County Continuum of Care (CoC) may receive requests from partner and active member agencies for letters of support to be included with funding applications. All requests for letters of support must be for projects and/or renewals that aligns with the local CoC, State and Federal priorities, with commitment to implementation of best practices. To ensure a consistent and transparent process for the provision of support letters, the CoC has established the following procedure outlined below.

Procedure:

A. All requests for support letters from the CoC shall be emailed to ButteCoC@buttecounty.net to the attention of the CoC Chair.

Requests shall be submitted no later than fourteen (14) days before the grant application is due to ensure adequate response time.

The following information must be included in the request:

- 1) Completed "Letter of Support Request" Form
- 2) Sample Letter of Support

B. The Executive Committee will review the request and contact the agency requesting support if further information is needed.

C. The project must receive approval from a simple majority of the Executive Committee.

D. The Chair will sign the letter and return it to the agency as well as the Executive Committee.

E. If the request does not receive approval, a member of the Executive Committee will notify the requesting agency of the decision.

Denials

There are certain conditions in which a letter of support may not be given. The following are examples of why a request may be denied:

1. If a request is made less than fourteen (14) days before the grant application due date.
2. If the agency has lost funding through the CoC or ESG programs for poor performance.
3. If the project is for a population with which the CoC has no experience.
4. If the agency refuses to adhere to CoC policies.



Butte Countywide Homeless Continuum of Care

Letter of Support Request Form

Email to: ButteCoC@buttecounty.net to the Attention of CoC Chair

Date: _____

Name: _____

Title: _____

Agency: _____

Contact Information:

Email: _____ Phone: _____

Project Name: _____

Funding Opportunity Name: _____

Is this requesting agency a member of the CoC? Yes No

If existing, has this project received a previous letter of support? Yes No

Briefly describe the project, including which communities within the CoC will be served or what local priorities will the project seek to address:

How will this project address homelessness/housing instability?

How will this project use the Homeless Management Information System (HMIS), or comparable database?

How will this project use the Coordinated Entry System?

I have reviewed the CoC Governance Charter and Policies and Procedures:

I have attached a sample letter of support: