



Southern Nevada Homelessness Continuum Of Care

Help Hope Home

1600 Pinto Lane
Las Vegas, NV 89106
702-455-5832
www.helphopehome.org

Instructions for Completing the Letter of Intent (LOI)

Please complete the attached LOI template to indicate your interest in applying for funding. This LOI helps us understand your proposed project and plan for the application process.

What to include in your LOI:

1. **Project Title** – A brief name for your proposed project.
2. **Project Type** – Identify the type of project.
3. **Project Description** – 2–4 sentences summarizing your proposed project, including the target population, services offered, and intended impact.
4. **Funding Request** – The total amount of funding you are requesting.
5. **Total Project Budget** – The overall cost of the project.
6. **Total Beds Proposed** – The number of beds the project will provide.
7. **Estimated Households Served** – Approximate number of households you expect to serve per year.

Submission Instructions:

- Submit your completed LOI by **May 23rd, 2025 at 5:00 pm** to helphopehome@clarkcountynv.gov.
- If you have questions or need support, contact helphopehome@clarkcountynv.gov.

This LOI is not binding but is required to move forward in the local application process.

[Your Organization's Letterhead or Name]

[Address]

[City, State ZIP Code]

[Phone Number]

[Email Address]

[Date]

RE: Letter of Intent to Apply for Southern Nevada's YHDP RFQ

Dear [Recipient Name or "To Whom It May Concern"],

[Organization Name] is pleased to submit this Letter of Intent to apply for funding through Southern Nevada's YHDP RFQ. We are committed to addressing homelessness in Southern Nevada and propose the following project:

Project Title: [Insert Project Title]

Project Type: [e.g., Permanent Supportive Housing (PSH), Transitional Housing (TH), Joint TH-RRH, Diversion, Navigation, HMIS]

Project Description:

[Insert 2–4 sentence description of the project. Include target population, key services, and goals. For example:

"This project will provide permanent supportive housing to chronically homeless youth 18-24 with disabling conditions. The program will offer housing stabilization services, case management, and connections to healthcare and behavioral health services."]

Funding Request: \$[Insert Requested Amount]

Total Project Budget (if different): \$[Insert Total Budget]

Total Beds Proposed: [Insert Number of Beds]

Estimated Number of Households Served Annually: [Insert Estimate]

We look forward to the opportunity to submit a full application and to partner with the Southern Nevada CoC and YAB in this critical work.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]