

**VA Supportive Services for Veteran Families (SSVF)
Notice of Fund Availability (NOFA)
Guidance for Applicants Seeking Letters of Support from Continuum of Care (CoC)**

Per the SSVF NOFA Section II.C.11, applicants are strongly encouraged to include a letter of support from the Continuum of Care (CoC) where they plan to deliver services. Letters of support should reflect the applicant's engagement in the CoC's efforts to coordinate services and should be provided, at a minimum, from the target CoC to be served under the proposed grant program. Failure to provide a CoC support letter that clearly addresses the information described within the NOFA limits the grant to 90% of the possible award amount.

The SSVF Program Office acknowledges that methods used by applicants to enhance CoC participation may vary among agencies and, specifically, among rural and urban communities. However, all SSVF providers are expected to support CoC efforts of building local capacity around Coordinated Entry Systems (CES), as well as participate in the CoC's community planning efforts. As part of the NOFA training and technical assistance, the SSVF Program Office is providing general guidance to applicants regarding how they may be able to attain a sufficient letter of support from the CoC, written on their behalf. A strong letter of support will highlight how the applicant supports and participates in the CoC efforts, as well as describe the impact of these actions within the community. When requesting a support letter from the CoC, applicants are encouraged to offer the CoC specific examples of partnership and support activities, especially when there may be existing limitations of CoC participation due to geographic characteristics, leadership changes among partners, limited capacity among partners, low-functioning CES, etc. Such limitations do not necessarily equate to a poor demonstration of participation and coordination and applicants are encouraged to highlight the strategies taken or planned with the CoC to continue enhancing the development of community planning and CES.

The following considerations may assist in demonstrating how the applicant supports building local capacity of CES and participation in CoC community planning efforts:

- How has the applicant supported CoC resource needs? How have applicant staff positions been utilized in roles related to overall coordinated entry?
- Does the applicant receive prioritized referrals generated from the local CES?
- Does applicant offer targeted outreach, goal-specific, and time-limited individualized services?
- How does applicant participate in the local HMIS and data sharing?
- How does the applicant utilize the local assessment tool to support coordinated screening and referrals within the CoC?
- How does applicant impact CoC's rate of housing placement and stabilization?
- What role does the applicant have in the development of the CoC's by-name list?
- What level of participation does applicant have with case conferencing, on local Veteran committees, or other working groups that design, test, and continuously improve support services and approaches to ending homelessness?
- What is the applicant's level and impact of collaboration among other Veteran-serving providers within the continuum, such as SSVF, HUD-VASH, Grant and Per Diem, and the VA?
- How has the applicant supported and participated in the annual Point in Time Count?
- In what ways has the applicant contributed to the community's progress toward achieving the benchmarks and criteria set forth by the United States Interagency Council on Homelessness on effectively ending homelessness among Veterans?
- Is applicant viewed as a model program for other Veteran and non-Veteran programs dedicated to rapid re-housing and homelessness prevention?
- If participation and coordination limitations exist, in what ways has applicant and CoC addressed such issues? What strategies may be in place for improving the participation and coordination efforts among partners?