**Berks Coalition to End Homelessness, Inc.**

**Letter of Support Request**

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Project Name** |  |
| **Letter of Support Contact Name** |  |
| **Letter of Support Contact Email** |  |
| **Is this a renewal project that has previously received a letter of support?** | |
| **Is the requesting organization a voting member of BCEH, Inc.?** | |
| **Please attach a sample letter of support for this project to this request.** | |

|  |
| --- |
| **Please briefly describe the project.** |
|  |
| **How does this project address homelessness/housing instability?** |
|  |
| **If applicable, will this project use the Coordinated Entry system? Please describe plan for implementation.** |
|  |
| **Will this project use the Homeless Management Information System (HMIS)? Please describe plan for implementation.** |
|  |