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

**Letter of Support Request**

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| **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.** |

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