

FY2025 HUD NOFO
Maricopa Regional Continuum of Care (CoC)
Leverage Letter Templates

The below templates are available for use for the 2025 HUD CoC NOFO for the Maricopa Regional Continuum of Care.

- Healthcare Leverage Letter
- Housing Leverage Letter
- Services Leverage Letter

While use of these templates is not mandatory, documenting leverage is a requirement for submission.

[HEALTHCARE PROVIDER LETTERHEAD]

HEALTHCARE LEVERAGE LETTER

For medical, behavioral health, recovery, or clinical services (in-kind or cash).

[Date]

U.S. Department of Housing and Urban Development
Attn: Continuum of Care Program Competition
451 7th Street SW
Washington, DC 20410

Subject: Written Commitment of Healthcare Resources – FY 2025 CoC NOFO (FR-6900-N-25)

Re: [Applicant Agency Name] – [Project Name]

Dear HUD Review Committee:

This letter serves as a formal written commitment of **non-CoC-funded healthcare resources** from **[Healthcare Provider Name]** in support of **[Applicant Agency Name]** and its FY2025 Continuum of Care Program Competition application under NOFO **FR-6900-N-25**.

1. Provider Information

Organization: **[Healthcare Provider Name]**

Type of Provider: **[FQHC / Hospital System / Behavioral Health Provider / Recovery Facility / etc.]**

Address: **[Address]**

2. Resource Commitment

We commit to providing the following **non-CoC-funded healthcare services** for participants enrolled in **[Project Name]**:

- **Type of Services:** [e.g., primary care, behavioral health counseling, psychiatry, medication management, mobile medical services, recovery support]
- **Projected Number of Participants Served:** [X individuals annually]
- **Estimated Annual Value:** **[\$[Amount]** (in-kind services)
- **Source of Funding:** Non-CoC funds (e.g., Medicaid, general operating budget, philanthropic funding, etc.)
- **Period of Commitment:** xx/xx/2026 – xx/xx/2027 (renewable annually)

3. Purpose of Commitment

This commitment assists the project in meeting the FY25 NOFO's goals related to:

- Access to **treatment, recovery support, and behavioral health care**
- Improving participant **stability, health, and long-term outcomes**
- Strengthening the system's capacity to deliver **service-rich housing** and **accountability-based programming**

Our organization is prepared to coordinate directly with **[Applicant Agency]** to ensure timely access to these services upon project implementation.

We look forward to supporting this project and its participants through high-quality, trauma-informed, recovery-oriented healthcare services.

Sincerely,

[Name]

[Title]

[Healthcare Provider Organization]

[Phone / Email]

[HOUSING PROVIDER / PHA / LANDLORD LETTERHEAD]

HOUSING LEVERAGE LETTER

For non-CoC housing resources: vouchers, units, rental subsidies, landlord commitments, etc.

[Date]

U.S. Department of Housing and Urban Development
Attn: Continuum of Care Program Competition
451 7th Street SW
Washington, DC 20410

Subject: Written Commitment of Housing Resources – FY 2025 CoC NOFO (FR-6900-N-25)

Re: [Applicant Agency Name] – [Project Name]

Dear HUD Review Committee:

This letter confirms [Housing Provider Name]'s commitment of **non-CoC housing resources** in support of [Applicant Agency Name] and their FY 2025 Continuum of Care application under NOFO **FR-6900-N-25**.

1. Housing Resource Commitment

We commit to providing the following housing resources that are **not funded by HUD CoC dollars**:

- **Resource Type:** [e.g., Housing Choice Vouchers, project-based vouchers, tenant-based rental assistance, designated units, master-leased units, landlord priority units]
- **Quantity:** [X units / X households]
- **Estimated Annual Value:** \$[Amount]
- **Source of Funding:** [PHA funds, general operating budget, HOME, ESG, CDBG, local subsidy, private landlord commitment, etc.]
- **Period of Commitment:** xx/xx/2026 – xx/xx/2027 (renewable annually)

2. Access and Availability

These resources will be made available to participants of [Project Name] through:

- [Describe referral or prioritization process]
- [Describe any occupancy expectations or unit availability timelines]

3. Alignment with FY25 NOFO

These housing resources reinforce the FY25 NOFO priorities by:

- Increasing **non-CoC housing leverage**
- Supporting **stability, recovery, safety, and long-term independence**

- Expanding local housing capacity within a constrained PH-cap environment

We are committed to partnering closely with **[Applicant Agency Name]** to ensure the success of this project.

Sincerely,

[Name]

[Title]

[Housing Provider Organization]

[Contact Information]

[SERVICE PROVIDER LETTERHEAD]

SERVICE LEVERAGE LETTER (HUD-Compliant)

For employment, legal services, childcare, recovery support, education, case management, etc.

[Date]

U.S. Department of Housing and Urban Development
Attn: Continuum of Care Program Competition
451 7th Street SW
Washington, DC 20410

Subject: Written Commitment of Supportive Services – FY 2025 CoC NOFO (FR-6900-N-25)

Re: [Applicant Agency Name] – [Project Name]

Dear HUD Review Committee:

This letter serves as a formal written commitment of **non-CoC-funded supportive services** from [Service Provider Name] in support of [Applicant Agency Name] and its FY 2025 application under NOFO **FR-6900-N-25**.

1. Service Commitment

We commit to providing the following services:

- **Service Types:** [employment services, education, legal assistance, childcare coordination, peer support, recovery services, financial coaching, family interventions, etc.]
- **Projected Number of Participants Served:** [X individuals annually]
- **Estimated Annual Value:** \$[Amount]
- **Source of Funds:** [State/local funding, philanthropic support, general operating, etc.]
- **Commitment Period:** xx/xx/2026 – xx/xx/2027 (renewable)

2. Alignment with FY25 NOFO Goals

These services support the NOFO's emphasis on:

- **Accountability and participant engagement**
- **Treatment, recovery, and long-term stability**
- **Economic mobility and improved self-sufficiency**
- **Trauma-informed and population-appropriate services**

We fully support [Applicant Agency Name] and are committed to working collaboratively to ensure high-quality outcomes.

Sincerely,

[Name]

[Title]

[Organization]

[Contact Information]