* Entity requesting Letter of Support must include the information highlighted in yellow.
* Requests for Letters of Support must be submitted to the County **two** weeks prior to the date needed. For more information on the process, visit the [website](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/homekey-los-process.html).

Month Day, 2025

Name of Person Authorized to Apply for Grant Funding, Title

Entity Name

Entity Address,

City, CA Zip

Dear California Department of Housing and Community Development:

County of San Diego (County) Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) affirms the County’s support of [Applicant/Organization’s Name] in their submission to the Housing and Community Development Homekey+ grant funding opportunity.

Describe project, specifically committed capital funding, committed operating funds, and service commitments, referrals, stakeholder collaboration, etc. from entities other than HHSA BHS.

Brief background on provider and history of experience with similar projects.

If awarded Homekey+ funding, BHS may work to coordinate referrals for Behavioral Health Services Act (BHSA) designated units, collaborate with community partners and service providers, and provide referrals to existing behavioral health services for these units. Units supported by BHS would be reserved for BHSA eligible tenant populations. This letter does not constitute a commitment of funding or services from BHS.

BHS is pleased to support [Applicant/Organization’s Name] grant application that, if awarded, will advance the goals of the Homekey+ program to provide permanent supportive housing for vulnerable populations, including veterans, individuals who are homeless, chronically homeless or at risk of homelessness (as defined by 24 Code of Federal Regulations Section 578) and who are also living with behavioral health challenges (as defined within the California Welfare and Institutions Code to mean a serious mental illness, as described in subdivision (c) or (d) of Section 14184.402, or a substance use disorder, as described in Section 5891.5).

If you have any questions or require additional information, please contact Nadia Privara, Assistant Director, BHS at Nadia.Privara@sdcounty.ca.gov.

Sincerely,

LUKE BERGMANN, Ph.D., Director   
Behavioral Health Services   
Health and Human Services Agency

LB/np

On behalf of:

[Organization Name] [Phone Number]

[Email Address]

# Approved by:

**[Signature Line for County Behavioral Health Representative]**

[County Behavioral Health Representative Name] [Title]

On behalf of:

[County Name] Behavioral Health Department