

# Alabama Balance of State Continuum of Care (AL-507)

Original LOI Deadline: June 12, 2026, at 5:00 PM

## SUMMARY

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Request for Extension to Submit Letter of Intent (LOI)

## REASON FOR EXTENSION REQUEST

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Please provide a detailed explanation of the circumstances necessitating an extension:

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## CERTIFICATION

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By signing below, I certify that the information provided in this request is true and accurate. I understand that approval of an extension request is at the sole discretion of the Alabama Balance of State Continuum of Care and that approval of an extension does not guarantee project acceptance, ranking, inclusion in the Continuum of Care application, or funding by HUD.

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR ALABAMA BALANCE OF STATE CONTINUUM OF CARE USE ONLY

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Approved

Denied

Extension Approved Through: \_\_\_\_\_

Comments:

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Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## FORM FIELDS

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Agency Name: \_\_\_\_\_

Project Name (if known): \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Requested Extension Date: \_\_\_\_\_