

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Adult Justice, Housing, Employment and Education Services
Mental Health Services Act Housing Program
SHARED HOUSING - LETTER OF INTEREST

1. LEAD AGENCY CONTACT INFORMATION

Project Sponsor		
Project Sponsor's Entity Name		
Project Sponsor's Contact Person	Executive Director	
Address	City	Zip Code
Telephone	Fax	E-Mail Address

2. COLLABORATIVE PROJECT PARTNERS

Developer			
Contact Person	Organization		Telephone
Address	City	Zip Code	E-Mail Address
Property Manager			
Contact Person	Organization		Telephone
Address	City	Zip Code	E-Mail Address
Primary Service Provider			
Contact Person	Organization		Telephone
Address	City	Zip Code	E-Mail Address
Long Term Owner (if different from Developer or Project Sponsor)			
Contact Person	Organization		Telephone
Address	City	Zip Code	E-Mail Address

3. PROJECT NAME & LOCATION

Project Name and Address		
Project Name (if any)	Projected Occupancy Date	
Address	City	Zip Code
Service Planning Area	Supervisorial District	Unincorporated Area (if applicable)

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Adult Justice, Housing, Employment and Education Services
Mental Health Services Act Housing Program
SHARED HOUSING - LETTER OF INTEREST

4. PROPOSED POPULATION TO BE SERVED

Age Group	Individual		Family	
	# of Homeless*	# At Risk*	# of Homeless*	# At Risk*
Children (ages 0 - 15)				
TAY (ages 16 - 25)				
Adults (ages 26 - 59)				
Older Adults (ages 60+)				

*As defined in the MHSA application

5. TYPE OF HOUSING AND NUMBER OF UNITS

Type of Housing	Shared Housing		Other (Specify)
	1 - 4 Unit Structure	Single Family Home	
Number of Units Requesting MHSA Funding			
Total Number of Units			

6. TARGET INCOME LEVELS

Unit Size	Number of Total Units/Bedrooms	MHSA FUNDED UNITS	
		Percentage of AMI	Number of MHSA Units
Studio			
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
Total			

7. AMOUNT OF MHSA FUNDS REQUESTED

MHSA CAPITAL REQUEST		MHSA OPERATIONS REQUEST	
Predevelopment		Operations Request	
Site Acquisition		Per MHSA Unit	
Construction			
Rehabilitation			
Total Capital Request	\$ -		
Per MHSA Unit		MHSA GRAND TOTAL REQUESTED	\$ -
		TOTAL PROJECT COST	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Adult Justice, Housing, Employment and Education Services
Mental Health Services Act Housing Program
SHARED HOUSING - LETTER OF INTEREST

8. SOURCES OF FUNDS

Sources	Predevelopment Amount	Construction Amount	Permanent Amount	Committed Funding? You have been awarded funding.	Pending Funding? Please indicate date you applied/will apply.
Total	\$ -	\$ -	\$ -		

9. USES OF FUNDS

Fund Uses	Amounts	Committed Funding? You have been awarded funding.	Pending Funding? Please indicate date you applied/will apply.
Acquisition Costs			
Construction (Rehabilitation) Costs			
Soft Costs			
Financing Costs			
Total	\$ -		

10. SUPPORTIVE SERVICES

Estimated Service Cost	List Type of Proposed Services by Location		List Funding Source by Type		Committed Funding? You have been awarded funding.	Pending Funding? Please indicate date you applied/will apply.
	Offsite	Onsite	In-Kind	Cash		

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Adult Justice, Housing, Employment and Education Services
Mental Health Services Act Housing Program
SHARED HOUSING - LETTER OF INTEREST

11. NARRATIVE QUESTIONS

Please attach a maximum of 10 pages to respond to the following 9 questions:

1. Provide a brief project description, including the specific roles and responsibilities of each Collaborative Project Partner. Indicate whether the project will be an acquisition/rehabilitation or acquisition only. Indicate the projected construction/rehab start date, construction/rehab end date and the projected occupancy date. Describe the property (proposed property, if you lack site control) including the building type, overall square footage, size and number of bedrooms and bathrooms, common space and office or other service space and amenities, if applicable. Discuss the location in relationship to public transportation, full service grocery stores and other public amenities.
 2. Does the project involve currently occupied units requiring a relocation plan? If yes, describe how that plan will be funded and describe how your project will not contribute to a net loss of affordable housing units in the County of Los Angeles.
 3. Please describe in detail the proposed target population for this project and explain how this target population meets MHPA Housing Program eligibility requirements.
 4. Briefly summarize the proposed Project Developer's relevant experience, including developing housing for the project's proposed target population.
 5. Attach the proposed supportive services plan including the house rules. Please utilize the attached format.
 6. Does the project Sponsor have site control for this project? If yes, briefly describe the status of the project's site control as well as location, zoning, public approvals or any other significant issues that may be required before proceeding with construction. If no, briefly describe the proposed location of the project, zoning, public approvals or any other significant issues that may be required before proceeding with construction.
 7. Are there any other discretionary zoning-related approvals required (e.g. conditional use permit, variance, density bonus, lot line adjustment, etc.)? If yes, please describe.
 8. Will NEPA be required? If yes, what is the status of any applicable clearances?
 9. Describe how your project will contribute to the Department's goal of geographic dispersion. If your project is located in an area of the county where several other supportive housing projects already exist, describe how your project meets a demonstrated need for more supportive housing units in that area.
-

Lead Agency (Executive Director): _____

Date: _____

original signature required