

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
**Special Needs Housing Program**  
**LETTER OF INTEREST**  
**Rental Units Only**  
**DO NOT USE FOR SHARED HOUSING**

**1. LEAD AGENCY CONTACT INFORMATION**

<b>Development Sponsor</b>		
Development Sponsor's Entity Name		
Development Sponsor's Contact Person		Executive Director
Address	City	Zip Code
Telephone	Fax	E-Mail Address

**2. COLLABORATIVE PROJECT PARTNERS**

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

**3. PROJECT NAME & LOCATION**

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

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**4. PROPOSED POPULATION TO BE SERVED**

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

\*As defined in the SNHP application

**5. TYPE OF HOUSING AND NUMBER OF UNITS**

Type of Housing	Number of Units Requesting MHSA Funding	Rental Units	Other (Specify)
		Multi-Family Building - 5 or More Units	
Total Number of Units			

**6. TARGET INCOME LEVELS**

Unit Size	Number of Total Units/Bedrooms	MHSA FUNDED UNITS	
		Percentage of Area Median Income	Number of SNHP Units
Studio			
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
Total			

**7. AMOUNT OF MHSA FUNDS REQUESTED**

MHSA CAPITAL FUNDING REQUESTED	
Predevelopment	
Site Acquisition	
Construction	
Rehabilitation	
Total Capital Request	\$ -
Per MHSA Unit	

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**8. SOURCES OF FUNDS**

Sources of Funding for the Proposed Development Indicate the name of the Funder	Predevelopment Amount	Construction Amount	Permanent Amount	Indicate if the Funding is Committed (yes or no)	For Pending Funding Indicate date you applied/will apply.
Total	\$ -	\$ -	\$ -		

**9. USES OF FUNDS**

Fund Uses	Amounts	Indicate if the Funding is Committed (yes or no)	For Pending Funding 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		Indicate if the Funding is Committed (yes or no)	For Pending Funding Indicate date you applied/will apply.
	Offsite	Onsite	In-Kind	Cash		

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**11. NARRATIVE QUESTIONS**

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Attach a maximum of 10 pages to respond to the following 13 questions: Responses must be single spaced with one (1) inch margins and using font of Arial 12.

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. Describe in detail the proposed target population for this project and how it meets the target population requirements under the Threshold Eligibility Criteria listed in Section III of the Expression of Interest.
4. Briefly summarize the proposed Project Developer/Borrower's relevant experience, including developing housing for the project's proposed target population. Include among other things, information requested by Section III, Subparagraph 10 of Expression of Interest.
5. Attach the proposed supportive services plan including types of services and programs, services provider(s) and provider experience serving the project's target population. Utilize the Supportive Services Plan template.
6. Do you 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. What are the current zoning designation(s) for the site?
8. Is it possible to build the proposed affordable housing development "by right" based on existing zoning?
9. Is a zone change required? If yes, what is the status of any applicable clearances?
10. 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.
11. Will CEQA or NEPA be required? If yes, what is the status of any applicable clearances?
12. Outline the current status and estimated time line for securing each of the required entitlements approvals described below.
13. Describe how your project will contribute to the Department's goal of geographic diversity. 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.

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NOTE: All responses are subject to verification. Your agency may be required to provide additional documentation to substantiate its responses.

I hereby certify and acknowledge that the information provided in this Letter of Interest is truthful and accurate.

Lead Agency Executive Director: \_\_\_\_\_  
*original signature required*

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

Lead Agency Executive Director: \_\_\_\_\_  
*print name*

\*This notice is not a competitive solicitation offered by the County of Los Angeles or DMH. Acceptance of a LOI by DMH is not a guarantee that DMH will support a particular application for SNHP funding or that funding will actually be received.

**Attachment I - Rental Units**

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