

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Countywide Housing, Employment and Education Resource Development

Special Needs Housing Program
LETTER OF INTEREST INSTRUCTIONS
For Shared Housing Only

1. LEAD AGENCY CONTACT INFORMATION

Development Sponsor's Entity Name, Contact Person and related Contact Information.

2. COLLABORATIVE PROJECT PARTNERS

Contact Persons and Contact Information for the project's Developer, Property Manager, Primary Service Provider, Long Term Owner (if different from the Developer or Project Sponsor).

3. PROJECT NAME & ADDRESS

Project Name and Address - The project's name (if any) and the physical address of the project.

Service Planning Area - Indicate the number of the service planning area of the project.

Supervisory District - Indicate the name and number of the Supervisory District of the project.

Unincorporated Area - Indicate the name of the City or Unincorporated Area of the project (if applicable).

4. PROPOSED POPULATION TO BE SERVED

Enter the number of tenants in the box of the population to be served.

5. TYPE OF HOUSING AND NUMBER OF UNITS

Indicate the number of MHSA funded units and total units in the appropriate box. For Shared Housing, the units represent the number of bedrooms.

For the "Other" section, please indicate both the number of units and the type of housing in the box.

6. TARGET INCOME LEVELS

Indicate the number of units (Total and MHSA funded units) in the appropriate box. For Shared Housing, "units" represent bedrooms.

Indicate the percentage of Area Median Income (AMI) of all units.

7. AMOUNT OF MHSA FUNDS REQUESTED

Indicate the amount of funding requested for each project component. To determine the "Per MHSA Unit" number, divide the "Total Capital Request" and/or "Total Operations Request" by the total number of MHSA Units.

8. SOURCES OF FUNDS

Indicate all funding sources related to the project and the related Predevelopment, Construction and Permanent amounts and whether it is committed or pending.

9. USES OF FUNDS

Indicate the amount of the related use of funds whether they are committed or pending.

10. SUPPORTIVE SERVICES

In the "Estimated Service Cost" column, indicate the monetary value assigned to the service.

In the "List Type of Proposed Services By Location" Column, indicate the service provided in the Offsite or Onsite column as appropriate.

In the "List Funding Source by Type" column, place the name of the funding source in either the "In-Kind" column or in the "Cash" Column.

Indicate whether the funding is committed or pending.

11. NARRATIVE DESCRIPTION

Attach the Narrative Description with one (1) inch margins, single spaced and using font Arial 12 with a maximum of ten (10) pages.

*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.