

**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.

Supervisorial District - Indicate the number of the Supervisorial 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" 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. SERVICE COORDINATION**

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

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.

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
Countywide Housing, Employment and Education Resource Development  
**Special Needs Housing Program**  
**LETTER OF INTEREST CHECKLIST**  
**For SHARED HOUSING Only**

The Special Needs Housing Program (SNHP) offers permanent financing and capitalized operating subsidies for the purpose of developing permanent supportive housing, including both rental housing and shared housing, to serve the target population (as defined by the Expression of Interest accompanying this checklist) and who otherwise meet the Threshold Eligibility Criteria requirements of Section III of the Expression of Interest.

**The following checklist serves as a guide to the essential information that the County of Los Angeles - Department of Mental Health (DMH) is seeking through this Letter of Interest (LOI). Please check either YES or NO below to indicate whether each statement is applicable. All responses are subject to verification. Your agency may be required to provide additional documentation to substantiate your agency's responses.**

The Developer/Borrower is a Qualified Developer/Borrower and meets the requirements in Section III of the Expression of Interest.  yes  no

The Qualified Developer/Borrower has site control for this development and can provide evidence of site control or understands that the development site must be identified and approved by DMH prior to submitting the SNHP application.  yes  no

The Qualified Developer/Borrower can demonstrate evidence that they have developed and operated two similar permanent supportive housing developments within the last five years.  yes  no

The Qualified Developer/Borrower understands that all tenants in MHSA-funded units must be DMH consumers with incomes that are lower than 30% of Area Medium Income at the time of move-in.  yes  no

The Qualified Developer/Borrower understands that DMH must certify all tenants of MHSA-funded units prior to move-in.  yes  no

The Qualified Developer/Borrower understands that the onsite supportive service provider must have a record of successfully providing onsite supportive services to individuals and families that are homeless and have a mental illness for a minimum of five years within the last seven years.  yes  no

The Qualified Developer/Borrower understands that the MHSA Housing Advisory Board uses the funding principles and priorities set forth in Section V of the Expression of Interest as part of the process to determine whether to recommend the project for further planning and development.  yes  no

The Qualified Developer/Borrower will not discriminate against or exclude individuals who have barriers to housing including a history of poor credit, limited housing history, evictions, substance use, and criminal backgrounds.  yes  no

The Qualified Developer/Borrower understands that the property management company must have experience in successfully providing property management services to individuals and families that were homeless and have a mental illness in at least five housing developments for a minimum of five consecutive years.  yes  no

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
**Special Needs Housing Program**  
**Letter of Interest**  
**Shared Housing Only**  
**DO NOT USE FOR RENTAL UNIT 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 (if known)</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)

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**  
**Special Needs Housing Program**  
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**4. PROPOSED POPULATION TO BE SERVED**

Age Group	Individual		Family	
	# of Homeless*	# Chronic Homeless*	# of 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	Shared Housing		Other (Specify)
	1 - 4 Unit Structure	Single Family Home	
Number of Units Requesting MHPA Funding			
Total Number of Units			

**6. TARGET INCOME LEVELS**

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

**7. AMOUNT OF MHPA FUNDS REQUESTED**

MHPA CAPITAL FUNDING REQUESTED	
Predevelopment	
Site Acquisition	
Construction	
Rehabilitation	
Total Capital Request	\$0.00
Per MHPA Unit	

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**  
**Special Needs Housing Program**  
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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 (Note this is different from the supportive services in Section III, subparagraph 8)**

Estimated Service Cost	List Funding Source by Type		Indicate if the funding is Committed (yes or no)	For Pending Funding Indicate date you applied/will apply.
	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 9 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 proposed financial plan and 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 under the Threshold Eligibility Criteria listed in Section III, Subparagraph 10 of Expression of Interest.
5. Briefly summarize the proposed property management and proposed onsite service provider(s) relevant experience as indicated under the Threshold Eligibility Criteria listed in Section III, Subparagraph 7 and 8 respectively of the Expression of Interest. Attach the proposed house rules.
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. Include answers to the following questions as appropriate.
  - a. 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.
  - b. Will NEPA be required? If yes, what is the status of any applicable clearances?
7. 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*

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**Attachment II - Shared Housing**