

This Letter of Intent form must be submitted by any agency interested in proposing a project to be located in suburban Cook County (excluding Chicago) for funding under the 2015 HUD Continuum of Care NOFA. A Letter of Intent is required for all projects to be submitted, but a Letter of Intent does not obligate you to submit a proposal. **Letters of Intent must be submitted by Friday, June 16th, 2015 before 5:00 p.m.** Use the "Submit" button at the end of this form. For questions, please call Jennifer Hill at 708-236-3261 ext. 01.

1. This LOI is for a
- Renewal project
 - New project
 - Expansion of an existing project
 - "Swap" of funds from existing project

Name of Existing Project

2. Provide the Following Information:

Name of Applicant / Recipient

Name of Subrecipient(s), if any (formerly known as Project Sponsor)

Program Name

Project Component

- Housing Assistance Type
- Leasing
 - Rental Assistance - Tenant
 - Rental Assistance - Sponsor
 - Rental Assistance - Project
 - Leasing & Rental Assistance
 - Other

Applicant Contact Person
This person will be notified that the form is submitted.

Applicant Phone Number .
Area Code Phone Number

Contact E-mail
This is the email address that the submission confirmation will be sent to.

Applicant Address with City, State and Zip

Project Address (if applicable) with City, State and Zip

Project Address is Confidential Yes No

Additional Contact Person (optional)

Additional Contact E-mail

3. Please indicate which population(s) your project is primarily intended to address. Indicate at least one under

each heading.

Sub-Populations of Homeless Persons

- Chronic Homelessness*
- Mental Illness
- Substance Abuse
- Domestic Violence
- HIV/AIDS
- Physical Disability
- Veterans
- General

*HUD definitions: **Chronically Homeless Person** – An unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. **Disabling condition** is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” To be considered **homeless**, persons must have been sleeping in a place not meant for human habitation and/or in an emergency homeless shelter during that time.

Populations of Homeless Persons

- Individuals
- Families
- Unaccompanied Youth (ages 12-17)
- Seniors

4. Program Type:

- Permanent Supportive Housing / Leasing (scattered apartments)
- Permanent Supportive Housing / Rental Assistance (scattered apartments)
- Permanent Supportive Housing / Project Based (one site/building)
- Permanent Housing / Rapid Re-Housing

For question 5 below: Provide a brief description of your project and how it will address the priorities of the Continuum. Make specific reference to the Strategic Plan 2014-2017, posted on the Alliance website. Include a list of your anticipated partners and a brief description of their roles in the project.

5. Description of your Proposed Project:

To complete question 6 below please choose the budget term and then fill in the spreadsheet. Use your TAB key to move between cells. Totals in Column D, Row 10 and Row 12 will be calculated for you **if you press tab without editing the contents of the field**.

Do Not Use Commas or symbols in the spreadsheet or it will not calculate your totals correctly.

Choose Budget Term

▼

	A	B	C	D
1	Project Activities	CoC Program Funding	Cash or In-Kind Match	Total Estimated Budget
2	Acquisition (New)			0
3	Rehabilitation (New)			0
4	New Construction (New)			0
5	Leasing			0
6	Rental Assistance			0
7	Supportive Services			0
8	Operations			0
9	HMIS			0
10	Subtotal	0	0	0
11	Administration*			0
12	Total	0	0	0

The amount requested in your NOFA application may not exceed the estimated request amount by more than 25% or \$100,000- whichever is less.

*Administration may not exceed 7% of subtotal.

6. Total Request Amount
 (The amount requested in
 your NOFA application may
 not exceed this estimated
 request amount by more
 than 25% or \$100,000—
 whichever is less):
