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 2014 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, August 8th, 2014 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	O Renewal project		
	O New project		
	O Expansion of an existing project		
	O "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	O Leasing O Rental Assistance - Tenant		
	O Rental Assistance - Sponsor O Rental Assistance - Project		
	O Leasing & Rental Assistance O Other		
Applicant Contact Person			
Applicant Phone Number			
Contact E-mail			
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			
This project is in good standing with HUD	○ Yes ○ Ne		
You must answer Question 1 before m	oving forward. Please click "Prev" to return to the previous page.		
3. Program Type	O Permanent Supportive Housing / Leasing (scattered apartments)		
	O Permanent Supportive Housing / Rental Assistance (scattered site)		
	O Permanent Supportive Housing / Project Based (one site/building)		
	O Permanent Housing / Rapid Re-Housing		
	O Transitional Housing / Rolling Stock (scattered apartments, graduates may stay in apartments)		
	O Transitional Housing / Leasing-Temporary (scattered apartments, graduates must move out)		
	O Transitional Housing / Project Based (one site/building, graduates must move out)		
	○ Safe Haven		
	Supportive Services Only (no housing)		

your budget through the NOFA; those cha "swapping" funds from a TH project to LOI.	anges must happen through grant		ber, if you are expanding a project or hose projects in addition to this renewal
4. Proposed Changes to the Project			
5. Was this project combined with another Continuum grant within the past 4 years?	O Yes O Ne		
6. Grant Recapture History for Combined Recapture Worksheet for Combined Projection	Projects: Download the "Grant Rects.xlsx. Read the instructions ca	lecapture History for Combined Farefully.	rojects spreadsheet here: 2014 LOI Grant
Please attach your completed Grant Recapture History for Combined Projects Excel document here.			
3. Please indicate which population(s) yo	ur project is primarily intended to	address. Indicate at least one un	der each heading.
Sub-Populations of Homeless Persons	☐ Chronic Homelessness*	Mental Illness	Substance Abuse
	☐ Domestic Violence	☐ HIV/AIDS	Physical Disability
	Veterans	General	
disabling condition, who has either been confi	tinuously homeless for a year or mor ance use disorder, serious mental ill s." To be considered <u>homeless,</u> pers	re or has had at least four episodes ness, developmental disability, or ch sons must have been sleeping in a p	n, or a family with at least one member who has a of homelessness in the past three years. Disablin pronic physical illness or disability, including the collace not
Populations of Homeless Persons	☐ Individuals	☐ Families	
'	☐ Unaccompanied Youth (age	es 12-17) Seniors	
4. Program Type:	Permanent Supportive Housing / Leasing (scattered apartments)		
- 9· -···· - 7 F - ·	Permanent Supportive Housing / Rental Assistance (scattered apartments)		
	Permanent Supportive Housing / Project Based (one site/building)		
	O Permanent Housing / Rapid	•	- .
·		·	Continuum. Make specific reference to the prief description of their roles in the project.

For question 4 below: If you are considering making changes to your project or budget, please explain them in detail. These changes may include cutting unused funds to make them available to reallocate to new permanent supportive housing in suburban Cook County, adding or removing a partner, changing subpopulation targeting, or making adjustments in response to HEARTHrelated changes. Generally speaking, you can not otherwise change

5. Description of your Proposed Project:		
To complete question 6 below please fill ou 2014 LOI Estimated Project Budget for Nev	t the "Estimated Project Budget" spreadsheet and attach it below. C <u>w Projects.xlsx.</u>	lick this link to download the spreadsheet
Please attach your "Estimated Project Budget" excel file here:		
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):		
Most Recently Completed Grant		
What was the End Date of the most recently ended grant?		
For the grant that ended on this date was it a renewal grant?		
For the grant that ended on this date, what was the awarded amount?		
For the grant that ended on this date, what amount was unused (or recaptured) at the end of the term?		

2nd Most Recently Completed Grant	
Choose the End Date of the grant that ended the year before the previous grant.	
For the 2nd most recently completed grant, was it a renewal grant?	
For the 2nd most recently completed grant what was the awarded amount?	
For the 2nd most recently completed grant, what amount was unused (or recaptured) at the end of the term?	
3rd Most Recently Completed Grant	
Choose the End Date of the grant that ended the year before the 2nd most recently completed grant.	
For the 3rd most recently completed grant was it a renewal grant?	
For the 3rd most recently completed grant, what was the amount awarded?	
For the 3rd most recently completed grant, what amount was unused (or recaptured) at the end of the term?	
renewed twice, average those two recapture	average unused dollar amount from the three most recently completed renewal grants. If the grant has only red amounts. If the grant has only renewed once, enter the recapture amount from the single renewal. If the the grant is a combination of more than one previous grant, add all the unused amounts together from the last 3 s, and then divide by 3.
3-Year Recapture Average	
	vill be the same as the 2013 awarded amount, available at http://portal.hud.gov/hudportal/HUD?src=/b/budget/2013 . If this is a first time renewal, consult Alliance staff to calculate your annual renewal amount.
2014 Maximum Renewal Amount	
	encourages grantees to apply for a renewal amount that is equivalent to their Maximum Renewal Amount minus r this lower amount will allow you to receive full points for the recapture section of the ranking tool. What is the the 2014 competition?
Planned Renewal Amount:	