

**ALLIANCE TO END HOMELESSNESS
 IN SUBURBAN COOK COUNTY
 1107 S. Mannheim Road, Suite 304
 Westchester, Illinois 60154**

NEW, EXPANSION, OR “SWAP” PROJECTS
 2011 LETTER OF INTENT for HUD Continuum of Care NOFA

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 2011 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 are due to the Alliance office by Tuesday, July 26, 2011 before 5:00 p.m.** Completed forms should be emailed to nofa@suburbancook.org, faxed to 708-345-7855, OR mailed to the address above in time to be *received* by July 26. For questions, please call Jennifer Hill at 708-345-4035.

1. This LOI is for a
 ___ New Project
 ___ Expansion of existing project _____
 ___ “Swap” of funds from TH project _____

2. Provide the following information for this project:

Name of Lead Agency/Applicant	
Name of Project Sponsor Agency (if different from lead agency)	
Proposed Program Name	
HUD Grant Type (SHP, S+C or SRO)	
HUD Grant Component (SHP-PH, S+C-SRA, S+C-TRA, S+C-PRA)	
Lead Agency Contact Person	
Contact Phone Number	
Contact E-mail	
Address of Lead Agency with City, State, Zip	
Project Address (if applicable) with City, State, Zip	

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

Sub-populations of Homeless Persons

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

Populations of Homeless Persons

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

*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.

My project is intended to serve primarily veterans. Yes No

4. Program Type

- Permanent Supportive Housing / Leasing (scattered apartments)
- Permanent Supportive Housing / Project-Based (one site/building)
- Safe Haven (*FYI: It is not clear if this will be an allowable program type in 2011.*)
- Rapid Re-Housing for Families (*FYI: It is not clear if this will be an allowable program type in 2011.*)

5. **DESCRIPTION OF YOUR PROPOSED PROJECT:** Provide a brief description of your project and how it will address the priorities of the Continuum. Make specific reference to the Strategic Plan 2006-2010, posted on the Alliance website. Include a list of your anticipated partners and their roles in the project.

6. Estimated Project Budget:

- New SHP Project – 1 year budget
- New SHP Project – 2 year budget
- New SHP Project – 3 year budget
- New S+C Project – 5 year budget
- New S+C Project – 10 year budget
- New SRO Project – 10 year budget

Project Activities	SHP, Shelter+Care, or SRO Funding	Cash Match	Total estimated Project Budget
Acquisition			
Rehabilitation			
New Construction			
Real Property Leasing			
Supportive Services			
Operations			
HMIS			
Subtotal			
Administration (not to exceed 5% of Subtotal)			
Total			

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

Revised 6/10/2011