

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

RENEWAL PROJECTS

2011 LETTER OF INTENT for HUD Continuum of Care NOFA

This Letter of Intent form must be submitted by any agency interested in RENEWING a project to be located in suburban Cook County (excluding Chicago) for funding in 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 by email to the Alliance by Tuesday, July 19, 2011 before 5:00 p.m.** Completed forms should be emailed to nofa@suburbancook.org. For questions, please call Jennifer Hill at 708-345-4035.

1. This LOI is for a
 ___Renewal Project

2. Provide the following information for this project:

Name of Lead Agency/Applicant	
Name of Project Sponsor Agency (if different from lead agency)	
Program Name	
Requested SHP/S+C Amount (if changed, please explain in Question 5)	
HUD Grant Type (SHP, S+C or SRO)	
HUD Grant Component (SHP-SSO, SHP-TH, SHP-PH, SHP- HMIS, 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	
This project is in good standing with HUD:	___ Yes ___ No

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
- Transitional Housing / Rolling Stock (scattered apartments; graduates may stay in apt.)
- Transitional Housing / Leasing–Temporary (scattered apartments; graduates must move out)
- Transitional Housing / Project-Based (one site/building; graduates must move out)
- Supportive Services Only (no housing)

5. **PROPOSED CHANGES TO THE PROJECT:** 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, or changing subpopulation targeting. Generally speaking, you can not otherwise change your budget through the NOFA; those changes must happen through grant amendment with HUD. ***Remember, if you are expanding a project or “swapping” funds from a TH project to fund a PSH project, you must submit a New Project LOI for those projects in addition to this renewal LOI.***