

**Allegheny County
Department of Human Services
Office of Community Services
Bureau of Hunger and Housing Services**

HUD 2009 SUPER NOFA LETTER OF INTENT

Please complete this application if your agency plans to apply for a **NEW** homeless HUD Project under the 2009 HUD Application Process. Return forms to: **Michael Lindsay, Allegheny County Department of Human Services, Human Services Building, Second Floor, One Smithfield Street, Pittsburgh, PA 15222 by November 26, 2008**

Agency Name _____

Address _____

City/State/Zip _____

Contact _____

Phone _____ Fax _____

Email _____

Is the agency a Non Profit Status 501c 3? _____ Yes _____ No
Does the agency have a DUNS Number? _____ Yes _____ No

Type of Application (Please Check One)

**Supportive Housing Classification:
(Check one)**

Shelter Plus Care (NEW)

Transitional Housing

Supportive Housing Program (NEW)

Permanent Housing for Persons
With Disabilities

Single Room Occupancy (NEW)

Safe Haven Permanent

Safe Haven Transitional

Briefly describe your proposed project in two or three paragraphs. (Include details about the project including who you plan to serve, how you plan to outreach to the consumers, what type of housing you will provide with a list of supportive services etc.)

HUD 2009 SUPER NOFA LETTER OF INTENT *NEW PROJECT*, cont.

Type of Funds to be Requested:

Population to be Served:

(More than One Box May be Checked)

(More than One Box May be Checked)

Acquisition	
Rehabilitation	
New Construction	
Real Property Leasing	
Supportive Service	
Operating Costs	
Is your agency a:	
For Profit	
Non Profit	
Currently does not have a For-Profit or Non-Profit Status	

Single Men	
Men With Children	
Single Women	
Women With Children	
Couples with Children	
Specific Populations to be Served:	
Domestic Violence	
Dual Diagnosed	
Mental Retardation	
Mentally Ill	
Drug & Alcohol	
Veterans (80% or more vets served)	
AIDS/HIV	
Chronically Homeless (100%)	
Chronically Homeless (70% or more Served)	

What is your agency's experience in providing services to this homeless population?

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Please provide a breakdown of your estimated budget for the proposed project. In addition, please describe where you are proposing to apply for the match funding.

Budget	Year I	Year II	Year III	Total
Acquisition		N/A	N/A	
New Construction		N/A	N/A	
Rehabilitation		N/A	N/A	
Supportive Services				
Supportive Services Match				
Leasing				
Operating				
Operating Match				
Total Budget Request				

What other funding sources does your agency currently have or plan to apply for to provide the Operating and / or Supportive Service Match? What sources of leveraging will your agency bring to this project?

Match:

Leveraging:

Project Location: Check one of the boxes below and provide site location. If scattered site is selected, indicate whether it is within a certain geographic area such as City of Pittsburgh, all of Allegheny County or just a selected area such as Penn Hills, Turtle Creek, etc.

Please check Appropriate Box below:		Please indicate location of site(s) if known:	
Scattered Sites	<input type="checkbox"/>	Location:	<input type="text"/>
Facility Based	<input type="checkbox"/>	Location:	<input type="text"/>
Facility-Based Development	<input type="checkbox"/>	Location:	<input type="text"/>
Unknown At this Time	<input type="checkbox"/>	Areas in which Location would be ideal:	<input type="text"/>

HUD 2009 SUPERNOFA LETTER OF INTENT *NEW PROJECT*, cont.

Development Project:

Do you currently own/have site control? _____ Yes _____ No _____ Does not apply to this proposal

If no, what is your proposed plan to secure site control?

What is the current zoning for site?

Does zoning need to be changed to meet municipality requirements? _____yes _____no If yes, what change needs to occur?

Is the property currently occupied by residents? _____yes _____no If yes, how do you plan to relocate residents?

If you are a human service provider, what development agency will be assisting you with this development project? Please list name of development corporation, contact person, address, phone number and email address of the development agency.

Have you secured an architect for the project? _____yes _____no

If yes, please provide name, address, phone number and email address.

Leasing Project

Do you plan to lease property? _____Yes _____No

If yes, where do you plan to lease property (areas of the county/city)? Or name of landlords that will be utilized.

What will the leased space be used for? _____Client Apartments _____Supportive Service Office Space
_____ Other:

HUD 2009 SUPERNOFA LETTER OF INTENT *NEW PROJECT*, cont.

Please explain who your agency will collaborate with for this project and the exact level of collaboration.

Do you currently have community support for this project? _____ Yes _____ No

Please describe the community support including any letters of support from community-based organizations.

For additional information, attach additional pages to this form.

I understand that my agency must submit a County pre-application in order to be considered for the 2009 application. Once the pre-application is reviewed by the Evaluation Committee and the agency is recommended to submit a HUD application, a letter will be sent to the agency indicating the number of years and amount of funds, which the grant may apply for utilizing the HUD 2009 grant forms when they become available. If the agency chooses to withdraw from the HUD grant application process once the review process selects the project, the Executive Director or Board President must notify the county in writing on agency letterhead. This letter of intent does not guarantee submission or funding for the project.

Executive Director Signature

Date