

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
Adult Justice, Housing, Employment and Education Services
Mental Health Services Act Housing Program
LETTER OF INTEREST INSTRUCTIONS

1. LEAD AGENCY CONTACT INFORMATION

Project Sponsor's Entity Name, Contact Person and related Contact Information.

2. COLLABORATIVE PROJECT PARTNERS

Contact Persons and Contact Information for the project's Developer, Property Manager, Primary Service Provider, Long Term Owner (if different from the Developer or Project Sponsor)

3. PROJECT NAME & ADDRESS

Project Name and Address - The project's name (if any) and the physical address of the project.

Service Planning Area - Please indicate the number of the service planning area of the project.
project.

Unincorporated Area - Please indicate the name of the City or Unincorporated Area of the project (if applicable).

4. PROPOSED POPULATION TO BE SERVED

Please enter the number of tenants in the box of the population to be served.

5. TYPE OF HOUSING AND NUMBER OF UNITS

Please indicate the number of MHSA units and total units in the appropriate box. For Shared Housing, the units represent the number of bedrooms. For Rental Units, the units represent the number of apartments.

For the "Other" section, please indicate both the number of units and the type of housing in the box.

6. TARGET INCOME LEVELS

Indicate the number of units (Total and MHSA units) in the appropriate box, being aware of the total number of units. For Shared Housing, "units" represent bedrooms. For Rental Units, "units" represent apartments.

Indicate the percentage of Area Median Income (AMI) of all units.

7. AMOUNT OF MHSA FUNDS REQUESTED

Indicate the amount of funding requested for each project component. To determine the "Per MHSA Unit" number, divide the "Total Capital Request" and/or "Total Operations Request" by the total number of MHSA Units.

8. SOURCES OF FUNDS

Indicate all funding sources related to the project and the related Predevelopment, Construction and Permanent amounts.

In the "Committed Funding?" boxes, please indicate with a "yes" and the date awarded or "no."

9. USES OF FUNDS

Indicate the amount of the related use of funds.

In the "Committed Funding?" boxes, please indicate with a "yes" and the date awarded or "no."

10. SUPPORTIVE SERVICES

In the "Estimated Service Cost" column, indicate the monetary value assigned to the service.

In the "List Type of Proposed Services By Location" Column, place an "X" in the Offsite or Onsite column as appropriate.

In the "List Funding Source by Type" column, place the name of the funding source in either the "In-Kind" column or in the "Cash" Column.

In the "Committed Funding?" boxes, please indicate with a "yes" and the date awarded or "no."

11. NARRATIVE DESCRIPTION

Attach the Narrative Description with one (1) inch margins and using font Arial 12 with a maximum of ten (10) pages.

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Adult Justice, Housing, Employment and Education Services
Mental Health Services Act Housing Program
LETTER OF INTEREST CHECKLIST

The Mental Health Services Act (MHSA) Housing Program offers permanent financing and capitalized operating subsidies for the purpose of developing permanent supportive housing, including both rental housing and shared housing, to serve persons with serious mental illness who are homeless or at risk of homelessness (as defined by the MHSA Housing Program guidelines) and who otherwise meet the MHSA Housing Program target population description. The California State Department of Mental Health (State DMH) has defined the MHSA Housing Program target population in the MHSA Housing Program Guidelines, which may be found on the State DMH website at <http://www.dmh.ca.gov/mhsa/Housing>. This program is jointly administered by the California Housing Finance Agency and State DMH.

The following checklist serves as a guide to the essential information that the County of Los Angeles - Department of Mental Health (DMH) is seeking through this Letter of Interest (LOI). Please check either YES or NO below to indicate whether or not each statement is applicable.

The project sponsor has site control for this project and can provide evidence of site control if required yes no

The project sponsor is a Qualified Developer as defined in MHSA Housing Program Guidelines yes no

The project developer has completed at least two affordable housing projects comparable to the proposed project yes no

The project sponsor understands that all tenants in MHSA-funded units must be DMH clients at the time of move-in yes no

The project sponsor understands that DMH must certify all tenants of MHSA-funded units prior to move-in yes no

The provider of onsite service coordination (if already determined) has at least two years of experience providing services to the project's proposed target population yes no

The project sponsor understands that the MHSA Housing Advisory Board uses funding principles as part of the process to determine whether or not to recommend the project for further planning and development yes no

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1. LEAD AGENCY CONTACT INFORMATION

Project Sponsor		
Project Sponsor's Entity Name		
Project Sponsor's Contact Person		Executive Director
Address	City	Zip Code
Telephone	Fax	E-Mail Address

2. COLLABORATIVE PROJECT PARTNERS

Developer			
Contact Person		Organization	Telephone
Address	City	Zip Code	E-Mail Address
Property Manager			
Contact Person		Organization	Telephone
Address	City	Zip Code	E-Mail Address
Primary Service Provider			
Contact Person		Organization	Telephone
Address	City	Zip Code	E-Mail Address
Long Term Owner (if different from Developer or Project Sponsor)			
Contact Person		Organization	Telephone
Address	City	Zip Code	E-Mail Address

3. PROJECT NAME & LOCATION

Project Name and Address		
Project Name (if any)		Projected Occupancy Date
Address	City	Zip Code
Service Planning Area	Supervisorial District	Unincorporated Area (if applicable)

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4. PROPOSED POPULATION TO BE SERVED (check all that apply)

Age Group	Individual			Family		
	# of Homeless*		# At Risk*	# of Homeless*		# At Risk*
Children (ages 0 - 15)						
TAY (ages 16 - 25)						
Adults (ages 26 - 59)						
Older Adults (ages 60+)						

*As defined in the MHSA application

5. TYPE OF HOUSING AND NUMBER OF UNITS

Type of Housing	Shared Housing		Rental Units	Other (Specify)
	1 - 4 Unit Structure	Single Family Home	Multi-Family Building - 5 or More Units	
Number of Units Requesting MHSA Funding				
Total Number of Units				

6. TARGET INCOME LEVELS

Unit Size	Number of Total Units/Bedrooms	MHSA FUNDED UNITS	
		Percentage of AMI	Number of MHSA Units
Studio			
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
Total			

7. AMOUNT OF MHSA FUNDS REQUESTED

MHSA CAPITAL REQUEST		MHSA OPERATIONS REQUEST	
Predevelopment		Operations Request	
Site Acquisition		Per MHSA Unit	
Construction			
Rehabilitation			
Total Capital Request	\$ -		
Per MHSA Unit		MHSA GRAND TOTAL REQUESTED	\$ -

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	TOTAL PROJECT COST	
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8. SOURCES OF FUNDS

Sources	Predevelopment Amount	Construction Amount	Permanent Amount	Committed Funding? You have been awarded funding.	Pending Funding? Please indicate date you applied/will apply.
Total	\$ -	\$ -	\$ -		

9. USES OF FUNDS

Fund Uses	Amounts	Committed Funding? You have been awarded funding	Pending Funding? Please indicate date you applied/will apply
Acquisition Costs			
Construction (Rehabilitation) Costs			
Soft Costs			
Financing Costs			
Total	\$ -		

10. SUPPORTIVE SERVICES

Estimated Service Cost	List Type of Proposed Services by Location		List Funding Source by Type		Committed Funding? You have been awarded funding	Pending Funding? Please indicate date you applied/will apply
	Offsite	Onsite	In-Kind	Cash		

11. NARRATIVE QUESTIONS

Please attach a maximum of 10 pages to respond to the following 13 questions:

1. Provide a brief project description, including the specific roles and responsibilities of each Collaborative Project Partner. Indicate whether the project will be new construction, an acquisition/rehabilitation, or acquisition only. Indicate the projected construction start date, construction end date and the projected occupancy date.

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2. Does the project involve currently occupied units requiring a relocation plan? If yes, describe how that plan will be funded and describe how your project will not contribute to a net loss of affordable housing units in the County of Los Angeles.

3. Please describe in detail the proposed target population for this project and explain how this target population meets MHPA Housing Program eligibility requirements.

4. Briefly summarize the proposed Project Developer's relevant experience, including developing housing for the project's proposed target population.

5. Briefly summarize the proposed supportive services plan for the project, including types of services and programs, services provider(s) and provider experience serving the project's target population.

6. Does the project Sponsor have site control for this project? If yes, briefly describe the status of the project's site control as well as zoning, public approvals or any other significant issues that may be required to proceed with construction.

7. What is the current zoning designation(s) for the site?

8. Is it possible to build the proposed affordable housing development "by right" based on existing zoning?

9. Is a zone change required? If yes, please describe.

10. Are there any other discretionary zoning-related approvals required (e.g. conditional use permit, variance, density bonus, lot line adjustment, etc.)? If yes, please describe.

11. Will CEQA or NEPA be required? If yes, what is the status of any applicable clearances?

12. Please outline the current status and estimated time line for securing each of the required entitlements approvals described above.

13. Describe how your project will contribute to the Department's goal of geographic dispersion. If your project is located in an area of the county where several other supportive housing projects already exist, describe how your project meets a demonstrated need for more supportive housing units in that area.

Lead Agency (Executive Director): _____ Date: _____

original signature required