**Letter of Interest Template: CoC Builds NOFO**

**Lancaster County Redevelopment Authority**

**as the Collaborative Applicant for the**

**Lancaster County Continuum of Care Request for Letter of Interest**

Please answer each question. The completed Letter of Interest (LOI) form must be submitted by 11:59 pm on Tuesday, September 24, 2024, by email to Jocelynn Naples, Director of Communications, Development, and Special Projects at [jnaples@lchra.com](mailto:jnaples@lchra.com). The submitted LOI may be no longer than four (4) pages, including this cover page.

|  |  |
| --- | --- |
| **Name of Organization** | Click or tap here to enter text. |
| **Type of Organization (See appendix for list of approved organization types)** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Contact Name** | Click or tap here to enter text. |
| **Contact Title** | Click or tap here to enter text. |
| **Contact Telephone Number** | Click or tap here to enter text. |
| **Contact Email** | Click or tap here to enter text. |
| **Unique Entity ID (UEI)** | Click or tap here to enter text. |
| **Is the organization registered in SAM.gov** | Click or tap here to enter text. |
| **Employer Identification Number** | Click or tap here to enter text. |
| **Project Name** | Click or tap here to enter text. |
| **Project Address** | Click or tap here to enter text. |

**Project Description**

* Project Description (include estimated number of units and type such as studios, 1 bedroom, etc.)
  + Click or tap here to enter text.
* Does the organization have a property identified that would be a good fit for the project? If yes, provide location and brief description and indicate if there is site control.
  + Click or tap here to enter text.
* Based on the organization’s previous development experience indicate an estimated per unit cost (identify what is included –e.g. acquisition, rehab, new construction, etc.)
  + Click or tap here to enter text.

**Experience**

* Describe the organization’s experience in working with individuals that have disabilities to increase their self-sufficiency. Does the organization have other expertise in working with other populations meeting definitions one, two, and/or four of 24 CFR 578.3?
  + Click or tap here to enter text.
* Describe the organization’s experience in providing affordable housing or housing that is specifically for persons who have experienced homelessness.
  + Click or tap here to enter text.
* Describe the organization’s experience in managing a construction/rehabilitation project and project schedule/milestones.
  + Click or tap here to enter text.
* Describe the organization’s experience in maintaining properties owned by the organization.
  + Click or tap here to enter text.

**Collaboration**

* Discuss current collaborations/partners in the healthcare sector. Does the organization have any active Memorandum of Understandings or other agreements with health care organizations?
  + Click or tap here to enter text.
* Describe existing collaborations and partnerships with social and homelessness services organizations in the community where the project will be located.
  + Click or tap here to enter text.
* Who are the potential partners related to acquisition, construction, and rehabilitation?
  + Click or tap here to enter text.
* Does your organization have experience working within the coordinated entry system? If so please describe, if not do you have interest in working with the coordinated entry system.
  + Click or tap here to enter text.

**Financial Capacity**

* Describe potential in-kind or other sources to meet the match and leverage requirements.
  + Click or tap here to enter text.
* Describe the organization’s financial management experience in managing multiple funding sources related to a single project.
  + Click or tap here to enter text.

**Appendix**

The full Notice of Funding Availability is available to view at <https://www.hud.gov/sites/dfiles/CFO/documents/Foa_Content_of_FR-6800-N-25A.pdf>

Eligible Organization Types:

* State government
* County government
* City or other municipal government
* Special district government
* Public housing authority
* Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education