**Attachment A: Request for Information Form**

|  |  |
| --- | --- |
| Legal Name of Agency: |  |
| Executive Director: |  |
| Executive Director E-Mail: |  |
| Executive Board Chair: |  |
| Agency Address: |  |
| City: |  | Zip: |  |
| Agency Telephone: |  |

|  |
| --- |
| **Legal Authorized Representative & Fiscal Accountability Agent (The person(s) authorized to enter & sign contracts, payment requests, checks, and legal documents)** |
| **Authorized Rep. / Title:** |  |
| Authorized Rep. Telephone: |  |
| Authorized Rep. E-Mail: |  |
| Authorized Fiscal Rep Title |  |
| Authorized Fiscal Rep Phone |  |
| Authorized Fiscal Rep E-Mail |  |
| **Contact Person for Submission (If diff. from Authorized Rep.)** |
| Contact Person / Title |  |
| Contact Person Telephone: |  |
| Contact Person E-Mail: |  |
| **Homeless Management Information Systems (HMIS)**  |
| Does your agency use HMIS:Yes or No |  |
| Is LAHSA administrator of your system :Yes or No |  |
|  |  |

**PROJECT DETAIL**

|  |  |
| --- | --- |
| **Proposed Program Name** |  |
| **Proposed location address:** |  |
| **Proposed Service Planning Area (SPA)** |  |
| **Fund amount requested for this program:** |  |
| **Does all or a portion of this program already exist:** (Y/N) |  |
| **What source of funds are currently in place for this program:**  |  |
| **Program Type Proposed**(RRH or PSH) |  |
| **Target Population** |  |
| **Number of persons to be served in a given day** |  |
| **Number of Beds to be filled in any given day** |  |
| **Number of Housing Units Proposed** |  |
| **Identified Partners:** |  |
| **Signature of Authorized Representative:**  |  Date: |

***The number and quality of responses to this Request for Information will assist LAHSA in determining the level of resources to make available through a Request for Proposals (RFP). The level of interest that applicants express in each program type (RRH or PSH) will further inform decisions regarding funding availability.***

Requirements

Requirements for a Request for Proposal may include, but are not limited to:

* Submission of Core Documents (Core documents are listed at <http://www.lahsa.org/funding.asp>)
* Project Budget
* Proof of Match and Leverage
* Detailed Project Description
* Letters of reference from the following persons or entities in which the project would be located:
	+ Coordinating Council representative
	+ Homeless Coalition Lead
	+ Homeless Families Solutions System (HFSS) – Family Solutions Center (FSC) Coordinated Entry System (CES) Lead
* Additional Documents as indicated