

ADMINISTRATIVE OFFICE

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[www.lahsa.org](http://www.lahsa.org)

# MEMO

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| --- | --- | --- |
| **To:** | Agencies, Providers, Stakeholders, and Community Partners |  |
| **From:** | Nancy Neilson, Funding Manager  LA CoC NOFA Team |  |
| **Date:** | August 1, 2014 |  |
| **Re:** | Funding Opportunity - Request for Information for New Projects for the FY2014 Component of the FY2013-FY2014 Continuum of Care Program Competition |  |

**Introduction:**

The FY2014 component of the FY2013-FY2014 Continuum of Care (CoC) Program Notice of Funding Availability (NOFA) began with the release of the Grant Inventory Worksheet. This marks the start of the NOFA process, which details all grants eligible for renewal, and sets the stage for renewal and potential new projects. There will be no new funds available through any bonus for this year’s application. Any funding for new projects will come from the reallocation of existing project funding.

**Request for Information:**

The purpose of a Request for Information (RFI) is to determine whether there is enough interest to warrant a proposal solicitation process. The Los Angeles Homeless Services Authority (LAHSA) is requesting information on new proposed Rapid Re-Housing (RRH) projects for homeless households with children and Permanent Supportive Housing (PSH) projects for the chronically homeless that address housing and service priorities as identified by the most recent Homeless Count, Point in Time (PIT) Count, and the United States Department of Housing and Urban Development (HUD) priorities. **Proposals for transitional housing projects are not being solicited with this notice.**

In preparation for HUD’s 2014 CoC program funding process, LAHSA is seeking responses for potential projects in the following categories:

* Innovative and highly effective **Rapid Re-Housing** **(RRH)** projects that serve homeless families with children (including youth-headed families)
* Innovative and highly effective **Permanent Supportive Housing (PSH)** projects that serve persons who are chronically homeless.

Responses will be reviewed for basic eligibility, and to ensure alignment with LA CoC priorities and integration into local coordinated assessment and engagement efforts. The attached Request for Information form will provide us with basic information on the proposal to help determine eligibility for HUD funding.

**Funding:**

Funding will come from the HUD 2014 McKinney-Vento Act, as amended by the HEARTH Act as governed by the CoC Program Interim Rule. More information on this program, the HEARTH Act, the Interim Rule, and the NOFA is available on HUD’s website: <https://www.onecpd.info/>. **Please note: capital projects (acquisition, rehabilitation, or new construction) are not being solicited with this notice.**

**Submission:**

Complete Attachment A: Request for Information, and return to LAHSA vie e-mail to [fundingopportunities@lahsa.org](mailto:fundingopportunities@lahsa.org) no later than **3 p.m. on Thursday August 7, 2014** or via U.S. Postal Service to:

Funding Manager – CoC Request for Information

Los Angeles Homeless Services Authority

811 Wilshire Blvd. 6th floor

Los Angeles, CA 90017

**No hand-delivered submissions will be accepted!**

**Attachment A: Request for Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 [www.lahsa.org/funding](http://www.lahsa.org/funding)
* 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