

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