Montgomery County
Housing Advisory Board
Service Enriched Housing
Letter of Intent

The Montgomery County Housing Advisory Board (HAB) advises and makes recommendations to the Montgomery County Board of County Commissioners (BCC) on issues affecting affordable housing development and assists the County in developing new programs and policies in order to foster the development and preservation of attainable housing. Although the HAB’s approval is not statutorily required, the practice of the BCC has been to use the HAB and its field of experts to review proposals for bond issues and state tax credits and make recommendations on the projects to them.

As part of this process, the HAB is responsible for evaluating requests for projects who wish to compete for funding in the Service Enriched Housing pool for 1) Permanent Supportive Housing Continuum of Care (CoC) first or second priority OR 2) CoC support for Substance Abuse Recovery Housing; and requires applicants to submit a letter of intent for Board review prior to submission of a HAB application. Applicants will be notified in writing if the proposed project has met the established criteria to submit an application to the HAB by Monday, January 13, 2020.

Please submit letters of intent to Jenny Lesniak at lesniakj@mcohio.org. For additional questions call 225-4631.

2019 Letter of Intent Due Date
Friday, January 3, 2020 by noon

REQUESTED DOCUMENTATION

- General Information
- Project Information
- Project Summary (Limit 1 page)
SERVICE ENRICHED HOUSING LETTER OF INTENT

GENERAL INFORMATION

Applicant: _______________________________________________________________________

Address: ________________________________________________________________________

City: __________________________ Zip Code: ____________________________

Federal Tax ID#: ______________________

Project Manager – Name & Title: ___________________________________________________

Telephone #: __________________________ Fax #: ______________________

Email: __________________________________________________________________________

PROJECT INFORMATION

Proposed project name: _____________________________________________________________

Address: _______________________________________________________________________

Taxing Jurisdiction: ___________________________________________________________________

Number of Buildings: __________________________ Number of Units: ________________

Rehab Cost per Unit: _______________

<table>
<thead>
<tr>
<th>Unit Breakdown and Size</th>
<th>Number</th>
<th>Size</th>
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</thead>
<tbody>
<tr>
<td>One (1) Bedroom apartment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Two (2) bedroom apartment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Three (3) or more Bedroom Apartment</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Single-Family House or Townhouse</td>
<td>______</td>
<td>______</td>
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Type and amount of assistance requested from Montgomery County (if applicable): ____________________

Bond Issue in the amount of: _______________________

OR

Tax Credit Support in the amount of: ______________________
PROJECT SUMMARY

Please provide a Project Summary. Text should be limited to one (1) page. Your response must address the following areas:

1. Does your organization or partner organization have experience with similar projects?
2. Provide a detailed description of the project, including the type of housing and the population to be served (including target income level and special needs populations), and proposed numbers of buildings and units in each building.
3. If the project involves the provision of services, briefly describe the services to be provided.
4. Describe how the community impacted by this project has been involved in the planning process. Is there local government support?
5. If the project requires a disability to be eligible for housing, briefly describe how the project will meet the requirements of the Olmstead Act. Does the housing program perpetuate assumptions that residents are incapable or unworthy of participating in the community? Examples of program characteristics that do not uphold Olmstead include- 1) limited community involvement through curfews, on site meals; 2) mandatory services and required service plans; 3) limited interaction with people outside of the living environment except service providers; 4) diagnosis specific housing; 5) requiring people to move-on if they succeed; 6) conditions of tenancy beyond a normal lease.
6. Will the project follow a Housing First approach?
7. Will the project participate in the CoC’s Coordinated Entry System?
8. Is there evidence with a partner service provider who will coordinate provision of Medicaid-funded services? If yes, include services relevant to the resident population, where they are based, and their experience working in the local community.
9. What is the proposed subsidy for the project? Has the subsidy been committed? If yes, when?
10. Does your organization have site control?
Recovery Housing ONLY
11. Do you/will you have a required letter of support from ADAMHS in which the development will be sited?
12. Do you meet the National Alliance for Recovery Residences’ Quality Standards?