

[Exhibit A]
2016 Iowa Balance of State Continuum of Care (CoC)
Letter of Intent Form
For New Projects and Voluntary Reallocation New Projects

All New Projects	
a. Name and Location of Agency	Community Housing Initiatives, Inc. Waterloo, Iowa
b. Name and Location of New Project	HOPES (Housing Opportunities for Persons Exiting Shelter/Streets) Black Hawk County, Iowa
c. Type of Project	<input checked="" type="checkbox"/> New Project <input type="checkbox"/> Voluntary Reallocation New Project
d. Project Component	<input type="checkbox"/> Permanent Supportive Housing for chronically homeless individuals and families <input checked="" type="checkbox"/> Rapid Rehousing for individuals, including HUD-prioritized populations <input type="checkbox"/> Supportive Services for centralized/coordinated assessment
e. Amount Requested	\$ <u>218,849</u>
f. Primary Agency Contact Person	Name: Marilieggh Fisher Email: mariliegghf@chihousing.com Phone: 319-235-3000
g. Alternate Agency Contact Person	Name: Doug LaBounty Email: dougl@chihousing.com Phone: 515-262-5965
h. Federal identification/registration	DUNS #: <u>828586086</u> Date of IRS 501(c)(3) status determination letter: <u>11/13/1998</u> SAM Registration Current? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
i. Two-three sentence description of project	If funded, this grant would provide rapid rehousing and support services to individuals who are homeless under Category 1 and 4 of HUD's homeless definition. The Housing First model would be utilized in the program and securing housing would be the first priority. Once housed, case management and support services would be provided to assist participants in retaining their housing.
Additional Items for Voluntary Reallocation Projects	
j. Name of renewal project being reallocated	
k. Eligible current renewal amount	\$ _____
l. Retained by renewal project: \$ _____	Reallocated for new project: \$ _____ Additional requested for new project: \$ _____