**INTEREST FORM**

**Due Date**: **January 7, 2020**

**FY 2020 Armadillo Avenue Rapid Re-Housing**

**RFQ – INTEREST FORM**

**DUE DATE: January 7, 2020 AT 5:00 PM**

**SUBMIT DOCUMENT TO:** **nofa@austinecho.org**

To be considered for the funding awarded outlined in the FY20 Armadillo Avenue RRH (TBRA HOME) funding Request for Qualifications, please complete the form below to describe your interest and commitment to this program and project design.

**New Project Information (Please complete one form per project)**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |
| **Subrecipient(s) and/or Contract Agencies, *if applicable*** | Click or tap here to enter text. |
| **Experience and Qualifications**Please provide a brief description of the agency’s history, experience with providing RRH services. If the agency has limited experience, please describe how the agency plans to ensure program standards and training needs are met for successful program implementation.  | Click or tap here to enter text. |
| **# of households/units committed to serving**Please note that the funding is contracted to provide rental assistance for 60 units at a single point in time. | Click or tap here to enter text. |
| **Proposed # of staff that will be dedicated to TBRA vouchers** Please list and provide a brief description of the program staff that will be used. | Click or tap here to enter text. |
| **Funding Plan and Resources**Provide a brief description of the funding the agency is able to provide as match/leverage to operate the RRH program * funding amount and source
* purpose of funds
 | Click or tap here to enter text. |
| **Please provide any comments or questions we can address regarding this RFQ and/or funding opportunity.**  | Click or tap here to enter text. |

**Target Population Acknowledgement and Agreement:**

The purpose of this funding is to meet a community need for RRH program services to be offered to any and all households regardless of them being associated with a specific subpopulation. Therefore, this program must accept any and all households that meet general program eligibility requirements set by HACA and no other requirements – including being able to serve household size. All participants will be refereed through Coordinated Entry without any special target population requests.

**Please check one of the boxes below to acknowledge that you have read this message and acknowledge this requirement.**

[ ]  YES, I agree [ ]  NO, I do not agree [ ]  Uncertain, I may need more clarification

**Contact Information**

|  |
| --- |
| **Primary Point of Contact** |
| **Name (First & Last)** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
|  |
| **Additional Contacts to Copy** |
| **Name (First & Last)** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**I understand and agree:**

The signature will reflect the Agency’s interest. **This form is not binding**, but it will offer further planning information for the local competition for funding awards.

Click or tap here to enter text.

|  |
| --- |
| Printed Name & Title  |
|  |

Click or tap here to enter text. Click or tap to enter a date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature  |  | Date |  |  |  |