

**County Letter of Confirmation
Local Human Services Department**

Minnesota Housing requests the following information for housing proposals with support services that are seeking funding for capital and/or non-capital operating and rental subsidies. The purpose of this form is to demonstrate that the applicant, sponsor/service provider, and local human services department have entered into preliminary discussions about the proposal. It is important for the local human services department to have the opportunity to review the housing proposal, assess the overall need for the proposed housing and to assist the housing developer, sponsor, and/or service provider to identify and secure service-funding options and tenant income supports.

This completed form must be submitted to Minnesota Housing by the RFP application deadline. Follow these steps:

- ❖ The Applicant/Sponsor completes Section 1 and provides a copy of the completed Minnesota Multifamily Rental Housing Common Application including Narrative Questions to the county representative for review at least 21 days PRIOR to the RFP due date. Requests to the county later than May 28th may not be processed in time to meet the RFP deadline of June 18th.
- ❖ The local county human service representative will complete Section 2 of this form and return the completed form to either the applicant or Minnesota Housing. If the form is submitted directly to Minnesota Housing, the County must also provide the applicant a copy for their records.

SECTION 1 - Housing Proposal Information to be completed by Applicant/Sponsor	
Name of Housing Proposal/Development:	
Address:	
Form Completed by (Name, and Address)	
Contact Phone Number & Email	/
Name of Primary Service Provider and Contact Person:	
County staff that you have been working with on this project:	
Type of Housing:	<input type="checkbox"/> Permanent Supportive <input type="checkbox"/> Transitional <input type="checkbox"/> Emergency <input type="checkbox"/> Other (please describe) _____
Housing Units Targeted (please indicate the anticipated # of households)	_____ Individuals _____ Households with Children _____ Youth
Target Population (please indicate the anticipated # of households)	_____ Households experiencing Long Term Homelessness _____ Households experiencing Homelessness _____ Households at risk of Homelessness _____ Households with Disabilities _____ Households with Chemical Dependency _____ Households with Mental Illness Other (please describe): _____ / _____

Attach the completed rental housing common and supportive housing narrative questions and submit to the office of the local county human services department.

SECTION 2 - Completed by a representative from the local county human services department

1. Has there been general discussion with the applicant about the proposal and appropriate service funding and other resources such as Group Residential Housing (GRH)? If so, please describe:

2. The following information will help Minnesota Housing incorporate the perspective of the local county human services department into the evaluation of the supportive housing proposal. Please use the ranking scale of 1 – 5 to state the extent to which you agree with the following criteria.

(1 = lowest and 5 = highest)

	1	2	3	4	5
A. Does the proposal address the County’s priorities and housing needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the County worked with the service provider in the past? If yes, would you characterize the experience as positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The County has been involved in the planning of this development/proposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the proposal feasible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. If the proposal moves forward, does the county think the provider has sufficient organizational capacity to secure the resources and provide services to the target population on the scale envisioned by this proposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a brief written explanation to the following questions:

3. Would modifications make the proposal more successful? Please explain:

4. Does the county currently have a contract with or provide funding to the service provider? If so, please describe the type, source and purpose of the funding and note if the provider performance has been satisfactory.

5. Please provide any other comments or recommendations:

Must be completed by County Official:

_____ Name	_____ Department
_____ Title	_____ Date
_____ Contact Number	_____ E-Mail Address

If you or another County representative are interested in serving on a review committee and/or providing Minnesota Housing additional feedback or expertise with our supportive housing application review process, please contact Vicki Farden at vicki.farden@state.mn.us

Note: Minnesota Housing staff may contact the county official for additional information regarding this proposal.

This letter does not constitute a commitment by the county to fund services and is not to be considered an approval of the proposed housing, site or services.