



LOS ANGELES COUNTY AFFORDABLE HOUSING SOLUTIONS AGENCY REQUEST FOR PROPOSALS

ATTACHMENT 3: Subcontractor Letter of Interest Form

Instructions:

This Letter of Interest (LOI) form is for organizations interested in participating as Subcontractors in the Renter Protection and Homelessness Prevention Integrated Service Model (ISM). The LOI is intended to collect brief, high-level information about an organization's experience, service capacity, geographic coverage, populations served, and areas of expertise relevant to the ISM. Responses should be brief and may be provided in bulleted format where appropriate.

Submission of an LOI is not a proposal and does not result in a contract award with the Agency. Instead, LOIs will be used as described in this RFP to identify organizations interested in subcontracting opportunities and to inform coordination and potential matching with selected Prime Contractors.



A. Organization Information

Organization's Legal Name: _____

Organization Type

- Non-Profit Organization
- Public Agency

Address of Organization's Physical Location (if more than one, please list all physical addresses):

Name, Title, Email and Phone Number of designated point of contact for this LOI submission

Interested Areas

Please indicate ISM Component Area(s) in which the organization is interested in providing services as a Subcontractor. See Section 5 of this RFP for a description of the scope of services for each component area. (Check all that **apply**).

- Renter Outreach
- Legal Services
- Relocation and Stabilization Services

B. Organization Background and Experience

1. Provide an overview of the organization, including its mission, services offered, and length of time in operation, both generally and within Los Angeles County. (150 word maximum)

2. Indicate the geographic area(s) where organization currently operates. For each area, select whether organization has **full, partial, or no geographic coverage**. If you marked partial on any of the regions, please provide a short explanation of your current coverage. If the organization is not currently providing services in an area but is willing to serve that area, please check “willing to serve.”

Geographic Area	Full Coverage	Partial Coverage	No Coverage	Willing to Serve
Unincorporated Los Angeles County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Los Angeles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Long Beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Glendale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Santa Clarita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burbank-Glendale-Pasadena RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gateway Cities COG/RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las Virgenes/Malibu COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Los Angeles County Transportation Coalition JPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
San Fernando Valley COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
San Gabriel Valley COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Bay Cities COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Westside Cities COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. *Population Specific Experience: Please indicate the organization’s experience serving the following populations. Check all that apply. For any population the organization identifies as having experience with, please indicate the level of experience: “limited to moderate” or “extensive.”*

<i>Population</i>	<i>Limited to Moderate Experience (occasional or regular service delivery, but not organizational focus)</i>	<i>Extensive Experience (organizational focus, demonstrated track record)</i>
Renters with housing stability challenges	<input type="checkbox"/>	<input type="checkbox"/>
Youth or transition-age youth	<input type="checkbox"/>	<input type="checkbox"/>
Survivors of domestic violence or other types of violence	<input type="checkbox"/>	<input type="checkbox"/>
Households with mixed immigration status or who are undocumented	<input type="checkbox"/>	<input type="checkbox"/>
People with disabilities, including developmental or behavioral health disabilities	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI+ individuals or households	<input type="checkbox"/>	<input type="checkbox"/>
Households with a history of incarceration	<input type="checkbox"/>	<input type="checkbox"/>
Fixed-income households, including seniors or individuals receiving SSI/SSDI	<input type="checkbox"/>	<input type="checkbox"/>
Families in crisis or at risk of homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Other populations with specialized needs: _____	<input type="checkbox"/>	<input type="checkbox"/>

4. *Provide a summary of relevant experience delivering services aligned with the selected Component Areas above. (200 word maximum)*

5. *Please list the language(s) in which the organization currently provides services and indicate whether the organization offers culturally specific services. (100 words maximum)*

6. *Describe any past experience the organization has provided services for a government-funded project or contract. (150 words maximum)*

7. *Describe the organization's readiness to begin services in the selected component area(s) including the anticipated timeline for staffing and onboarding. (150 words maximum)*

8. *Please list the names and titles of staff position(s) the organization would likely assign to deliver services for the ISM component area(s). (150 words maximum)*