TO BE PUT ON SPONSOR LETTERHEAD

January 22, 2020

*VIA EMAIL DELIVERY*

Robin Wagner

Deputy Assistant Secretary

Louisiana Department of Health

Robin.Wagner@LA.gov

SUBJECT: **Piggyback Resilience Initiative Mixed-Income Program NOFA –**

**Letter Regarding Additional PSH Units**

Sponsor Entity:

Project Name:

Dear Ms. Wagner:

This letter serves to advise you of our intent (as the above-named Sponsor) to comply with the Additional Permanent Supportive Housing (“Additional PSH”) requirements outlined in the Piggyback Resilience Initiative Mixed-Income (“PRIME”) Program, as detailed in the Notice of Funding Availability (NOFA) [originally published 12/11/19 and Version 1.2 published 1/22/2020].

The PRIME NOFA established certain set aside requirements for eligible projects with Permanent Supportive Housing (“PSH”) (see NOFA, §1.5). In addition to 2% of the units required to be set aside as Mandatory PSH units, eligible applications must provide the Louisiana Department of Health (“LDH”) with an option for at least 2% Additional PSH units and no more than 5% Additional PSH units. In order for the LDH to render a final decision on our offer for Additional PSH units, we have completed the attachment for your further review and consideration. This offer is being made by the January 24, 2020 deadline specified in the NOFA; a response from the LDH is anticipated no later than February 7, 2020 and in the absence of a response by this NOFA set date, the Sponsor will assume that the LDH has waived its option regarding Additional PSH units.

Please let me know if you have any questions pertaining to our proposal for Additional PSH units. We look forward to hearing from you.

Sincerely,

Sponsor Contact Name
Sponsor Title

Phone / Email

Enclosure: Attachment 1 – Proposal for Additional PSH Units

CC: Thomas LaTour, Disaster Recovery Housing Program Manager, OCD-DRU (thomas.latour@LA.gov)

Liza L. Bergeron, Housing Finance Manager, LHC (lbergeron@lhc.la.gov)

**ATTACHMENT 1 – PROPOSAL FOR ADDITIONAL PSH UNITS**

**PROJECT DESCRIPTION**

Project Name:

Project Address:

Sponsor Entity:

Contact Name:

Contact Phone:

Contact Email:

*It is very important that LDH be able to reach someone associated with this project who can answer any questions that may arise in the review of this proposal. Please provide the name and contact information for the person(s) that LDH can call if they have questions about this proposal*

1. **Additional PSH Units Proposed**
2. Total Number of Units at the Project: \_\_\_\_
3. Total Mandatory PSH Units: \_\_\_\_
*(Note: Multiple the percent by the total units and round up any decimals to the next whole number; see NOFA §9.3 )*
4. Percent of Additional PSH Units Being Offered: \_\_\_\_%
*(Note: minimum of 2% Additional PSH and maximum of 5% Additional PSH per NOFA §1.5, 8.4, 8.6, and 9.3)*
5. Total Number of Additional PSH Units Offered: \_\_\_\_
*(Note: Multiple the percent by the total units and round up any decimals to the next whole number; see NOFA §9.3 )*
6. TOTAL PSH Units Including Both Additional & Mandatory PSH Units: \_\_\_\_

**III. Project Features**

1. Is the property population restricted in any way (e.g., age-restricted, veterans housing, etc.)? Please provide details.
2. PSH Unit Composition
*Please include both Mandatory and Additional PSH Units in the below.*
3. \_\_\_\_ Number of 0-Bedroom PSH Units
4. \_\_\_\_ Number of 1-Bedroom PSH Units
5. \_\_\_\_ Number of 2-Bedroom PSH Units
6. \_\_\_\_ TOTAL Studio, One & Two-Bedroom PSH Units Proposed:
*(Note: Total in Section III.A.4. for Section III.A.1, A.2, A.3, should be the same as Section I.E.)*

\_\_\_\_ Total Number of Accessible Units

\_\_\_\_ Total Number of Visitable Units[[1]](#footnote-1)

\_\_\_\_ TOTAL Accessible and Visitable Units that are PSH Units:

**Additional Sponsor Remarks:**

*By submitting a Sponsor Letter and Attachment 1, Sponsor acknowledges that pursuant the NOFA §1.5: “LDH reserves the right not to make referrals to a Mandatory PSH unit, or to decline the offer of Additional PSH if it is determined that the project does not sufficiently meet LDH’s assessment criteria. If the option of Additional PSH is accepted by the LDH, the property will be required to include these Additional PSH units, and will receive project-based subsidies for all such Additional PSH which is offered by the developer and accepted by the LDH. If the option is not exercised by the LDH, the project will not be required to incorporate any Additional PSH. See §9.3, Permanent Supportive Housing (“PSH”) Set-Aside Requirement.”*

1. Visitable means there’s a zero-step entrance and that the unit can be accessed without a long walk or climbing stairs. [↑](#footnote-ref-1)