

**City of Brownsville**  
Office of Grant Management & Community Development  
PY 2014 CDBG/ESG Application

<b>LETTER OF INTENT</b>	<b>DUE DATE: Friday, January 3, 2014 by 4 p.m.</b>
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**APPLICANT (Agency)**

**CONTACT PERSON**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
Address (work)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_

501-C-3       YES     NO

\_\_\_\_\_  
Telephone Number (work)

\_\_\_\_\_  
Website Address

\_\_\_\_\_  
Email

**PROJECT INFORMATION**

\_\_\_\_\_  
Project Title

\_\_\_\_\_  
Proposed Location / Service Area (attach map)

\_\_\_\_\_  
CDBG Matrix Code/Title/Eligibility Citation

CDBG \$ REQUESTED:    \$ \_\_\_\_\_

- Street Outreach & Emergency Shelter Operations
- Homeless Prevention
- Rapid Re-housing
- HMIS

\_\_\_\_\_  
ESG Eligibility

ESG \$ REQUESTED:    \$ \_\_\_\_\_

**PROJECT DESCRIPTION** (Limit to one page – 12 font, Times New Roman, one inch margins, Single or Double spaced)

The project description should address these three (3) key elements:

- 1) **Need for project:** Explain the problems this project is intended to help solve, as well as the population and area to be served. Does this project address a gap?
- 2) **Activity:** How will you address the problem/need? Describe the goals and specific activities you will undertake to address the problem/need. What direct services will be provided to clients? Who will provide those services? When do you anticipate the project will start and be completed?
- 3) **Outcomes:** How will you measure success?

**Duplication of Services:** (Limit to ½ page – 12 font, Times New Roman, one inch margins, Single or Double spaced)

Explain how this project is unique and avoids duplication of services already being provided in Brownsville. If similar services are offered in Brownsville, explain the need for this project in addition to existing services.

**Capacity:** (Limit to ½ page – 12 font, Times New Roman, one inch margins, Single or Double spaced)

Has your agency undertaken projects of this type and scope before?    YES    NO

If “YES” – describe previous experience and the number of years of experience. If “NO” – explain capacity for successfully administering and carrying out this project.