



# City of Brownsville

## Office of Grant Management & Community Development PY 2015 CDBG & ESG Letter of Intent

**LETTER OF INTENT**

**DUE DATE: Friday, December 15, 2014 by 3 p.m.**

### APPLICANT (Agency)

### CONTACT PERSON

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

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

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

501-C-3       YES    NO

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

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

\_\_\_\_\_  
Email

### CDBG PROJECT INFORMATION

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

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

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

\_\_\_\_\_  
CDBG Amount Requested

---

## ESG PROJECT INFORMATION

---

Project Title

Please check the activity (ies) for which you are applying:

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

---

ESG Eligibility

---

ESG Amount 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.

If you are submitting a proposal for a proposal that has been previously funded, you must demonstrate that there has been significant increase in need or an expansion of a program. As per 24 CFR 570.201 (e), to be eligible for CDBG assistance, a public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government (through funds raised by the unit or received by the unit from the State in which it is located) in the 12 calendar months before the submission of the action plan.

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.