

CITY OF LAS CRUCES
CITY MANAGERS OFFICE
NEIGHBORHOOD SERVICES SECTION

Staff Use Only –
PY 2025
Date Rec'd:
Time Rec'd:

Date:
Initials:

HUD DEBARRED

LIST CHECK

REQUEST FOR PROPOSALS- LETTER OF INTENT
(RPF-LOI)

ORGANIZATION INFORMATION			
Organization Name:			
Mailing Address:			
City, State, & Zip:			
PROGRAM INFORMATION			
Program Name:			
Program Address/ Location:			
City, State, & Zip:			
CONTACT INFORMATION			
Contact Name:			
Contact Phone Number:			
Contact Fax Number:			
Contact E-mail:			
TYPE OF PROGRAM: Check all that apply:			
CDBG	<input type="checkbox"/>	HOME	<input type="checkbox"/>
CDBG Public Services	<input type="checkbox"/>	Health-Related Public Services	<input type="checkbox"/>
CLIENT INFORMATION			
Type of Clients to be served:			
ESTIMATED FUNDING INFORMATION			
		Total Estimated Funds:	
FUNDS FROM CITY SOURCES			CDBG:
			HOME:
			CDBG Public Services
			Health-Related Public Services:
PROGRAM TYPE			
CDBG	HOME	CDBG PUBLIC SERVICES	HEALTH RELATED PUBLIC SERVICES
Infrastructure	Single Family – New	General	General
Facilities	Single Family Rehab	Homeless	Homeless
Property Acquisition	Multi-Family – New	Domestic Violence	Domestic Violence
ADA Improvements	Multi-Family – Rehab	Elderly	Elderly
Other	Tenant Based Rental Assistance- TBRA	Youth	Youth
	CHDO Operating	HIV/AIDS	HIV/AIDS
	Other	Migrant Workers	Migrant Workers
		Fair Housing	
		Other	Other

Program Description – Limited to the space provided below:

What National Objective does your project meet?

_____ Low/Moderate Income **Area Benefit**

- indicate census tract and % L/M income or special survey information:

_____ Low/Moderate Income **Limited Clientele Benefit**

- indicate identification of presumed group (or)
- will require documentation verification of family size and income, (or)
- indicate how the nature/location applies (or)
- indicate how it is an activity which serves to remove material/architectural barriers of the elderly/severely disabled (see regulations for clarification) (or)
- (Microenterprise) will require documentation verification of family size/income (1x3)
- will require documentation how it qualifies under special conditions regarding job services where less than 51% of the persons benefiting are L/M income

_____ Low/Moderate Income **Housing Benefit**

- will require documentation verification of family size and income qualification for each applicant

_____ Low/Moderate Income **Job Benefit**

- will require documentation concerning
 - a) location in L/M neighborhood, (census tract and %), or
 - b) facility designed for use by L/M income (document use), or
 - c) involve employment of L/M income personnel or be available to them (explain)

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

