

CITY OF LAS CRUCES

**CITY MANAGER'S OFFICE
NEIGHBORHOOD SERVICES SECTION**

**Staff Use Only –
PY 2027**

**Date Rec'd:
Time Rec'd:**

HUD DEBARRED

LIST CHECK ☐

Date:

Initials:

**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				HOME			
CDBG Public Services				Health-Related Public Services			
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	
		HOME Arp.		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:** _____

