**Letter of Interest for 2012 Arizona Balance of State Continuum of Care**

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| --- | --- | --- | --- |
| Name of Organization |  | | |
| Address |  | | |
| City, State, Zip code |  | | |
| President/CEO/Executive Director |  | | |
| Contact Person |  | | |
| Contact Person Telephone Number |  | | |
| Contact Person EMAIL |  | | |
| What City and County project will be located |  | | |
| Estimated budget Request |  | | |
| How many formerly chronic homeless persons will be housed at any point in time |  | | |
| What type of units are proposed? (i.e. single family homes, apartments, other—describe) include information about mix if applicable—i.e. 1-one bedroom, 3-two bedroom |  | | |
| Provide the following information: | Number of Housing Units | Number of Bedrooms | Number of Beds |
|  |  |  |
| Provide a brief list of the key service partners for the project and what they will provide—i.e. Agency A-behavioral health services, Agency B-case management |  | | |
| Provide a brief overview of the project—no more than four paragraphs | | | |