

**LETTER OF INTENT**

February \_\_, 2021

Marisa Creter, Executive Director  
San Gabriel Valley Regional Housing Trust  
1000 South Fremont Avenue, Unit #42  
Alhambra, California 91803

**RE: INTEREST IN PARTICIPATING IN HOMELESS HOUSING PILOT**

Dear Ms. Creter,

The City of \_\_\_\_\_ is interested in participating in the Emergency Shelter Pilot Program administered by the San Gabriel Valley Regional Housing Trust (SGVRHT) and the San Gabriel Valley Council of Governments (SGVCOG). Through this program, the City intends to help identify publicly owned land or nonprofit/faith-based sites that would be suitable for providing non-congregate “tiny home” style interim housing to people experiencing homelessness. The City will support this effort through staff time to manage the project and through other resources as feasible.

The City anticipates that the SGVRHT will provide all or most of the capital funding for the project, and that the SGVRHT and SGVCOG staff will identify operational funding and assist with required procurements for the tiny homes, service provider/site operator, and other components, as well as offer program management to coordinate across parties and processes.

This letter of interest is not a commitment, and we are providing this letter only to further the work to implement the proposed project in our City and to support collective efforts to advance this pilot program across the San Gabriel Valley. Final commitment to the project will be subject to site selection, final program design, City Council approval, SGVRHT board approval, funding availability, and other factors.

The parameters of the project we are interested in pursuing is outlined in the attached application.

Should you have any questions regarding this interest, please contact \_\_\_\_\_ at \_\_\_\_\_ and \_\_\_\_\_. Thank you.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_

**Project City:** \_\_\_\_\_

**City Contact Name/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Potential project size:**

\_\_\_ to \_\_\_ beds of interim housing (number of tiny home shelters)

**We have identified one or more potential locations for the project (Y/N)**

If yes, please complete the below for each site:

Potential Site #1 Address:

Site Description:

City owned?: (Y/N)

If not city owned, please provide name of site owner:

Potential Site #2 Address:

Site Description:

City owned?: (Y/N)

If not city owned, please provide name of site owner:

**Potential Leveraged Resources (select applicable):**

Public Works/City Engineer Staff Time

Other City Staff Time

City Managed Homelessness Programs (ex. COG funded, Measure H funded)

If yes, please describe:

Capital Gap Funding (for needs in excess of SGVRHT funding; i.e. PLHA, general funds)

If yes, please describe:

Operational Gap Funding (for needs in excess of Measure H or additional County funding; i.e. PLHA, general funds)

Ongoing Utilities Costs

Other City Resources (i.e. sanitation)

If yes, please describe:

**Anticipated Length of Program:**

One Year

Two to Three Years

Three to Four Years

Indefinite

**Please describe the level of support for this project within your city, and the steps needed for final approval:**

**Please describe other important City requirements or considerations:**