**Letter of Intent (LOI)**

**Project Title –**

**Project Location –** City, County, State/Territory

* Population (under 200,000 required)–
* Hazard Mitigation Plan adopted? Yes/No

**Point of Contact (POC) and Key Personnel**

* POC – Name, title, email, phone
* Key Personnel – Name, title, email, phone

**Brief Project Description** (include relevance to post-disaster housing)

**Project Need**

**Coastal Community Resilience Index (CRI) assessment –** Date last updated or willingness to complete if awarded

* Date or Yes/No

**If awarded, do you agree to join the Gulf Housing Committee (GHC)?**

* The GHC meets virtually twice a year, with a time commitment estimated at 10 person-hours per year.

**Project Duration** (Must begin June 1, 2022)

**Total Estimated Project Cost -**

***Full Project Proposal Checklist***

If selected to submit a Full Project proposal, use this checklist to confirm that your application is complete. Incomplete applications will not be considered for funding. Submit one (1) copy of each of the below documents.

\_\_\_\_\_\_\_ Title Page – Letter of Intent (LOI)

\_\_\_\_\_\_\_ Project Narrative

\_\_\_\_\_\_\_ Project Budget Narrative

\_\_\_\_\_\_\_ Project Budget Form

\_\_\_\_\_\_\_ Project Timeline/Milestones

\_\_\_\_\_\_\_ Documentation of the qualifications of key project personnel

(Resume/CV. These may be attached/mailed separately)

\_\_\_\_\_\_\_ Two Letters of support (These may be attached/mailed separately)

**Project Narrative**

Project Description, including Goals and Objectives Methodology or Approach

Partnerships (if applicable)

Complimentary Projects (if applicable)

**Project Budget Narrative**

The project budget must show critical areas of requested expenditures. Describe your management and staffing plan for the project. If you are seeking funds for project administration, please explain how those funds will be utilized.

Personnel: (staff time, employees, etc.):

Professional Services/Contractual:

Commodities:(goods that will be used only for grant-related work):

Equipment: (durable goods that will last beyond the grant period):

Travel:

Other Expenses:

* Indirect Cost (Indirect Rate @\_\_\_\_ %):

**Project Budget**

All included estimated costs must be reasonable and necessary to complete the project objectives. Be sure to list your requested indirect cost rate in the Indirect Cost Rate row. Indirect is limited to 10% unless your organization has a current negotiated indirect cost rate with a federal agency. All equipment costs must be excluded from your calculation of indirect costs. Please check your math before you finalize the budget form and make sure the totals correspond to the totals listed on the Grant Application. NOTE: Documentation of efficient management and financial ability to complete the project must be provided with this application.

|  |  |  |  |
| --- | --- | --- | --- |
| ***2022 Smart Home America - Housing Guide Grant Project Budget Form*** | | | |
| ***Itemized Project Cost*** | ***Amount Requested*** | ***Item Cost*** | ***Total Project Cost*** |
| *Personnel: (staff time, employees, etc.)* |  |  |  |
| *Professional Services/Contractual:* |  |  |  |
| *Commodities:(goods that will be used only for grant-related work)* |  |  |  |
| *Equipment: (durable goods that will last beyond the grant period)* |  |  |  |
| *Travel* |  |  |  |
| *Other Expenses:* |  |  |  |
| ***Sub-Total cost from each column*** |  |  |  |
| *Indirect Cost (Indirect Rate @ %)* |  |  |  |
|  |  |  |  |
| ***Total Project (Direct and Indirect Costs)*** |  |  |  |

**Project Timeline/Milestones**

Please provide a brief description of work to be accomplished in each phase (or time period). Be sure to include target dates for significant project elements or deliverables.

|  |
| --- |
| ***June 1 - August 30*** |
|  |
| ***September 1 - November 31*** |
|  |
| ***December 1 - February 28*** |
|  |
| ***March 1 - May 30*** |
|  |