

REQUEST FOR STATEMENT OF INTEREST (RFSI)
#DMH051210B1
FOR
SITING NEW MENTAL HEALTH PROGRAMS OR FACILITIES
UNDER THE MENTAL HEALTH SERVICE ACT
QUESTIONNAIRE
(This is not a Bid)

Date: _____

Individual/Agency Name: _____

Individual/Agency Address: _____

Contact Person: _____ Telephone Number: _____

Position or Title: _____ Email: _____

Areas of Expertise (check all that apply):

Affordable Housing Development

Fair Housing Law

Public Relations

Housing Development Financing

Land Use and Zoning

NOTE: Respondent's completion of the RFSI Questionnaire does not bind, nor purport to bind, the County or respondent in any way. Any subsequent, resultant contract with the County shall require the completion of required contract negotiation documents.

RESPOND TO ALL QUESTIONS ON A SEPARATE ATTACHMENT:

1. Describe your experience with each area of interest indicated above, particularly as it pertains to developing new mental health programs or facilities and permanent supportive housing for individuals with mental health disabilities and siting these programs or facilities and housing developments in the community. Include dates, names and types of programs or facilities and housing developments, the collaborating agencies involved, your activities/responsibilities and the outcomes of your efforts.
2. What types of difficulties have you encountered in siting controversial mental health programs or facilities and affordable housing developments and how did you overcome them? (if not able to overcome them, please explain why and what you might have done differently).

3. Have you spoken at public hearings or community gatherings about any of the above areas of interest? If yes, please cite a few examples and describe the dynamics of the meetings.
4. Have you presented at conferences or published on any of the above areas of interest? If yes, please cite a few examples.

PLEASE INCLUDE THE FOLLOWING WITH YOUR RESPONSE:

- Resume;
- Copies of professional licenses (if applicable); and
- Contact information for three references.

MAIL THE COMPLETED QUESTIONNAIRE AND ABOVE INFORMATION TO:

County of Los Angeles – Department of Mental Health
Contracts Development and Administration Division
550 S. Vermont Avenue, 5th Floor, Room 500
Los Angeles, CA 90020
Attention: Richard Kushi, Chief