

## 2016 Indiana Supportive Housing Institute Application

### TEAM MEMBER INFORMATION

Please provide contact information for each member of your development team for this project. Institute teams must consist of at minimum a supportive service provider partner, a housing developer/owner partner, and a property management partner. Submit one application per team. Teams will be limited to a maximum of seven (7) Institute participants. Each team must identify a team leader who will take responsibility managing the team through the development process and be the primary contact for the team.

#### 1. Designated Team Leader for the Institute

Name	
Title	
Organization	
Phone (Please provide office and cell)	
Email	
Address	

#### 2. Supportive Service Partner (If you have more than one Supportive Service Partner, please add their information in the same format on a separate attachment.)

Organization Name	
Address	
Executive Director/President/CEO	
Phone	
Email	
Contact Person for this application	
Title	
Address	
Phone (Please provide office and cell)	
Email	
Board Chair/President	
Address	
Phone	
Email	

**3. Housing Development Partner**

<b>Organization Name</b>	
<b>Address</b>	
<b>Executive Director/President/CEO</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Contact Person for this application</b>	
<b>Title</b>	
<b>Address</b>	
<b>Phone (Please provide office and cell)</b>	
<b>Email</b>	

**4. Property Management Partner**

<b>Organization Name</b>	
<b>Address</b>	
<b>Executive Director/President/CEO</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Contact Person for this application</b>	
<b>Title</b>	
<b>Address</b>	
<b>Phone (Please provide office and cell)</b>	
<b>Email</b>	

**5. Consultant (if applicable)**

<b>Organization Name</b>	
<b>Address</b>	
<b>Executive Director/President/CEO</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Contact Person for this application</b>	
<b>Title</b>	

<b>Address</b>	
<b>Phone (Please provide office and cell)</b>	
<b>Email</b>	

Please attach a document describing any additional partners who will be involved in the project, but who may not attend the Institute or who you would like to invite to join the Institute team but have not been included in the above categories.

## PROJECT CONCEPT

### 1. Site

Please list up to three (3) potential sites your team is considering for your project.

<b>Address(s) or general location</b>	<b>Current Ownership</b>	<b>Does team have site control?</b>	<b>New construction on vacant land or Rehab of existing building</b>
		Choose an item.	Choose an item.
		Choose an item.	Choose an item.
		Choose an item.	Choose an item.

### 2. Design Concept

Please answer the questions below regarding the proposed unit and building mix of the project.

<b>Total # of Units</b>	
<b># of PSH Units</b>	
<b># of Buildings</b>	
<b># of studio units</b>	
<b># of 1 bedroom units</b>	
<b># of 2 bedroom units</b>	
<b>If multiple buildings, is this single site or scattered site?</b>	Choose an item.

**3. Target Population**

Identify the target populations to be served by placing an “X” in the appropriate box(es). Indicate the anticipated number of units for each population served.

Primary Target Population: Only one population to be served can be the primary target population. Applicant must be prepared to build an outreach and service delivery plan for the primary target population selected.

<b>Population</b>	<b>Applicable</b>	<b># of Units</b>
Chronically Homeless		
Frequent Users of Emergency Systems		
Medically Vulnerable Persons		
Homeless Families		

**4. Type of Supportive Housing Project**

Place an “X” in the appropriate box. Only one choice may be selected.

<b>100% supportive housing</b>	
<b>Integrated (25% of units supportive housing)</b>	

# APPLICATION NARRATIVE

Please include a short narrative responding to each question listed below. Aggregate narrative response to all questions must not exceed fifteen (15) pages typed in Times-New Roman 11 pt. font. **All questions must be answered as a narrative summary, providing and referencing attachments is not sufficient.** The narrative must reference each question number and answer all of the questions in the order below.

## 1. Purpose

- Question #1: Why does the team wish to undertake this project?

## 2. Supportive Housing Goals and Concept

- Question #2: What are the team's goals for the proposed supportive housing project? List three specific measurable outcomes that you will use to measure the success of the project.
- Question #3: What is the team's project concept relative to size, scale, type (new construction or rehabilitation) and design of housing? In addition, please describe any proposed common area or commercial space to be included in the project.
- Question #4: What is the anticipated target population for this project?
- Question #5: What service model do you envision for this project? Please explain how the team will build an outreach and service delivery plan for the target population selected.
- Question #6: How does the proposed supportive housing project match the community need? Please use data in describing community need. \*NOTE: CSH may also use additional data sources to determine need, including but not limited to reaching out to the local Regional Council on the Homeless for the BOS CoC.

## 3. Supportive Housing Experience and Partnerships

- Question #7: How was the team leader selected and what is his/her role in carrying out the responsibilities of the Institute, securing funding and overseeing the process from Institute to project completion? Will the team leader remain the point of contact after the Institute and if not, who steps in?
- Question #8: For each organization, please detail past experience in developing, providing, or managing supportive housing or serving the target population for supportive housing. If applicable, you may include a listing of projects as an attachment to this application
- Question #9: Discuss any anticipated capacity concerns that you plan to address during the Institute.

## 4. Collaborative Experience

- Question #10: Address how you will partner with appropriate health & service providers, local government, local public housing authority and other public systems (e.g., jail, emergency departments, shelters, federally qualified health centers, and hospitals).

- Question #11: What has been or will be the involvement of the Continuum of Care (Regional Planning Council on the Homeless for the BOS CoC) in this project?

## APPLICATION ATTACHMENTS

Please submit the following documents in an electronic format along with your application:

1. Copy of 501(c)3 tax exemption for applicable partners.
2. Letters of commitment from project partners attending Institute.
3. Letter of support from the City's Community Development Director in your region.
4. Most recent audited financials and year-to-date current financials for the development partner. Financials for other members must be submitted upon request.

*Please note that if your team is accepted into the Institute, your team will be asked to provide the following by March 31, 2016:*

1. One registration check for a total of \$1,000 to defer some of the cost of the entire team's participation in the Institute
2. Board resolution and a letter from the Executive Director/President/CEO of project partners affirming commitment to participation in the Institute