

# *2017 Indiana Supportive Housing*

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## *Institute Application*





# Supportive Housing Institute Application Table of Contents

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	<b>Submit by:</b>
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Attachments to the Application	
Copy of 501(c)3 tax exemption for applicable partners	Dec. 5, 2016
Letters of commitment from project partners attending institute.	Dec. 5, 2016
List of Board Members for 3 primary team partners.	Dec. 5, 2016
If your project is located in a HOME Participating Jurisdiction, please attach a letter of support from your local PJ.	Dec. 5, 2016
Most recent audited financials and year-to-date financials.	Dec. 5, 2016

All items will be submitted to Kathie Vida at [kathie.vida@csh.org](mailto:kathie.vida@csh.org)



**2017 Indiana Supportive Housing Institute**

**Letter of Interest**

As the first step to be considered for selection into the 2017 Indiana Supportive Housing Institute, each interested team must submit an electronic copy of this Letter of Interest (“LOI”) to [Kathie.vida@csh.org](mailto:Kathie.vida@csh.org) by 5:00 PM EST on Friday September 30, 2016.

Please complete all information below. Information may change from submission of the LOI to submission of the full RFP response.

**TEAM MEMBERS**

<b>ROLE</b>	<b>ORGANIZATION</b>	<b>TEAM MEMBER NAME</b>	<b>E-MAIL ADDRESS</b>	<b>PHONE NUMBER</b>
TEAM LEAD (Lead may also be listed in a role below)				
NON-PROFIT HOUSING DEVELOPER				
SERVICE PROVIDER				
PROPERTY MANAGEMENT COMPANY				

**POTENTIAL PROJECT CITY/TOWN:** \_\_\_\_\_

**POTENTIAL TARGET POPULATION:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Team Lead

\_\_\_\_\_  
Date

## 2017 Supportive Housing Institute Application

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 non-profit housing developer/owner partner, and a property management partner. Submit one application per team. Teams will be limited to 7 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.

### TEAM MEMBER INFORMATION

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

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

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

<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>	
<b>Board Chair/President</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

**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>	

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 the city/county of preference for your proposed project.				

## 2. Population

Discuss below the population who will be served through this proposed project. Indicate the number of units for each population served if known.

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## 3. Type of Supportive Housing Project

Discuss below whether your proposed project will be a 100% Supportive Housing Project or an Integrated Supportive Housing Project where no more than 25% of the units are set aside for your target population. Please briefly state how this will serve your community.

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# APPLICATION NARRATIVE

Please include a short narrative responding to each question listed below.

## 1. Supportive Housing Goals and Project Concept

- What are the team's goals for the proposed supportive housing project?

- How does the team define success for the project and what outcomes will be tracked to measure success?

- What is the team's concept relative to size, scale, type (new construction or rehabilitation, if applicable) and design of housing? What data supports the need for the type of housing you are proposing and attach all relevant data sources?

- What service model do you envision for this project?

## 2. Supportive Housing Experience and Partnership

- 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?

- 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.

- What challenges does the team anticipate facing? What resources will the team need during the Institute to overcome these obstacles?

### 3. Collaborative Experience

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

- 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. List of Board Members for the 3 primary team partners as applicable.
4. For developments located within a local HOME Participating Jurisdiction, please provide a letter of support from your local PJ.
5. Most recent audited financials and year-to-date current financials.

*Please note that if your team is accepted into the Institute, your team will be asked to provide the following by March 1, 2017:*

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



# Understanding Supportive Housing

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## *Supportive Housing and Your Organization*

This document will not be used to assess your readiness to participate in the Institute and will be used only to drive curriculum decisions. It is important to think through the key features of supportive housing and read the reality of your organizations understanding of supportive housing. Please review and answer the questions below based on a rating of 1 to 5 to help examine your organizations areas for strengths and areas for improvement.

Please take a moment before you begin the assessment and write down your own definition of what supportive housing is to you.

1. Targeting vulnerable populations including those experiencing or at risk of homelessness, inappropriately residing in institutional care, and with multiple barriers to employment, and housing stability? (These may include mental illness, substance use, disabling or chronic health conditions, and/or histories of criminal justice involvement).  
1      2      3      4      5
2. Ensuring that the housing is affordable to very low-income tenants for the life of the project, so that tenant households ideally pay no more than 30% of their household income toward rent?  
1      2      3      4      5
3. Facilitating the ability of tenants to quickly and easily access housing without barriers or preconditions, so that they can use it as a platform for health, recovery and personal growth?  
1      2      3      4      5
4. Providing all supportive housing tenants with a lease or sublease identical to that of a non-supportive housing tenant-- with no limits on length of tenancy, as long as the terms and conditions of the lease are met?  
1      2      3      4      5
5. Ensuring that service providers will actively engage households in a wide array of supportive services without requiring participation as a condition of the lease?  
1      2      3      4      5
6. Collaborating with partners, both during the planning phase and for the life of the project, to ensure the stability of tenants and the project? (These include designing and implementing eviction prevention policies and procedures to ensure the project helps tenants meet their goals).    1      2      3      4      5
7. Ensuring that the project and its tenants are integrated in the community, participating in community dialogue and activities, and supporting tenants in building strong social support networks?    1      2      3      4      5