



Missouri Supportive Housing Institute Application

Please review the [Request for Applications](#) before completing this application.

TEAM MEMBER INFORMATION

Please provide contact information for each member of your development team for this project. Institute teams must consist of a supportive service provider partner, a housing developer/owner partner, and a property management partner. Each team must identify a team leader who will take responsibility for managing the team through the development process and be the primary contact for the team.

Designated Team Leader for the Institute (will be one of partners listed below)

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

1. Supportive Service Partner

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	

2. Housing Development Partner

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

3. Property Management Partner

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

Email	
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Please attach a document describing any additional partners who will be involved in the project, but who may not attend the Institute.

PROJECT CONCEPT

1. Site

Please list up to three (3) potential sites your team is considering for your project, or attach a description of the site selection process the team will follow.

Address(s) or general location	Current Ownership	Does team have site control?	New construction on vacant land or Rehab of existing building

2. Design Concept

Please answer the questions below regarding the proposed unit and building mix of the project. If the design concept is not yet final, complete as much as possible in this chart and in the Application Narrative Section.

Total # of Units	
# of PSH Units	
# of Buildings	
# of studio units	
# of 1 bedroom units	
# of 2 bedroom units	

If multiple buildings, is this single site or scattered site?	
Is Universal Design incorporated?	

3. Target Population

Identify the vulnerable target populations to be served by placing an “X” in the appropriate box(es). Indicate the anticipated number of units for each population served. If the target populations have not yet been determined, complete as much as possible in this chart and in the Application Narrative Section.

Population	# of Units
Persons Experiencing Chronic Homelessness	
Frequent Users of Emergency Services	
Vulnerable Persons	
Homeless Families with Multiple Barriers	

4. Type of Supportive Housing Project

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

100% supportive housing	
Integrated (25% of units supportive housing)	

Please include a short narrative responding to each question listed below. Narrative must not exceed ten (10) pages. **All questions must be answered as a narrative summary (organized by each header). Providing and referencing attachments is not sufficient for the application narrative as it should be a separate document.**

1. Organizational Mission

Briefly describe the vision and mission of each organization. How does supportive housing relate to the organization's mission?

2. Supportive Housing Goals and Concept

- a. What are the team's goals for the proposed supportive housing project?
- b. What is the team's project concept relative to size, scale, type (new construction or rehabilitation) and design of housing?
- c. What is the anticipated target population for this project? If more than one, please explain.
- d. Describe the service model you envision using for this project. Will services be mandatory or voluntary?
- e. How does the proposed supportive housing project match the community need? Please use data in describing community need.
- f. What is the anticipated timeline for this project? What, if any, activities have been accomplished?
- g. Have any funding sources been secured for this project? If known at this point, what additional funding sources are being pursued? (Please indicate whether you are applying for Low Income Housing Tax Credits and, if so, the anticipated date of your application.)

3. Supportive Housing Experience and Partnerships

- a. 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?
- b. For each organization, please detail past experience in developing, providing, or managing supportive housing or serving the target population for supportive housing.
- c. Discuss any anticipated capacity concerns you plan to address during the Institute.

4. Collaborative Experience

- a. 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).
- b. What has been or will be the involvement of the Continuum of Care 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 three primary team partners as applicable.
4. Most recent audited financials and year-to-date current financials.
5. Letter from the Executive Director/President/CEO of project partners affirming commitment to participate in the Institute if selected.