

## 2020 Supportive Housing Institute RFP Cover Sheet

Please use this cover sheet to provide project location information, type of development funding, contact information for the response to the RFP and to identify each member of your team. As a reminder, Institute teams must consist of at minimum a supportive service provider partner, a housing developer and owner partner, and a property management partner. Teams will be limited to 7 participants. Each team must identify one team leader who will take responsibility managing the team through the Institute process and be the primary contact for the team. More details regarding requirements for each of these areas can be found in the RFP.

### PROJECT INFORMATION:

#### Site Location

Please identify the city and county of preference for your proposed project. If you have more than one you are considering, list up to 3.

Please list in order of priority the city/county of preference for your proposed project

Please list specific sites you have in mind. If you have more than one you are considering, list up to 3.

Please list in order of priority with address and indicate if you have site control. Site control is NOT a requirement.

#### Type of Supportive Housing Development Funding (must select one)

**Type 1:** 100% Supportive Housing Funded through Rental Housing Tax Credits (NOTE: teams pursuing this option must include at least one organization, serving as either the owner or developer, that has not previously participated in the institute as defined in the “Eligibility & Selection” section of the RFP).

**Type 2:** Integrated or 100% Supportive Housing Funded through the HOME Program (NOTE: If this type, developer/owner partner must be a non-profit entity and must certify as a CHDO with IHCD).

## TEAM MEMBER AND RFP RESPONSE CONTACT INFORMATION:

### Primary Contact for the Response to the RFP:

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

### Team Member 1

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

*Check the boxes for those items that apply:*

Property Management Partner

Owner

Service Provider Partner

Other

Developer

Team Lead (only 1 per team)

### Team Member 2

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

*Check the box for those items that apply:*

Property Management Partner

Owner

Service Provider Partner

Other

Developer

Team Lead (only 1 per team)

**Team Member 3**

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

***Check the box for those items that apply:***

**Property Management Partner**

**Owner**

**Service Provider Partner**

**Other**

**Developer**

**Team Lead (only 1 per team)**

**Team Member 4**

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

***Check the box for those items that apply:***

**Property Management Partner**

**Owner**

**Service Provider Partner**

**Other**

**Developer**

**Team Lead (only 1 per team)**

**Team Member 5**

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

***Check the boxes for those items that apply:***

**Property Management Partner**

**Owner**

**Service Provider Partner**

**Other**

**Developer**

**Team Lead (only 1 per team)**

**Team Member 6**

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

***Check the box for those items that apply:***

Property Management Partner

Owner

Service Provider Partner

Other

Developer

Team Lead (only 1 per team)

**Team Member 7**

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

E-mail:

***Check the box for those items that apply:***

Property Management Partner

Owner

Service Provider Partner

Other

Developer

Team Lead (only 1 per team)