2021 Supportive Housing Technical Assistance Application

**TEAM MEMBER INFORMATION**

### Please provide contact information for each member of your development team for this project. 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. If the applicant has not yet identified all its team members, the applicant must agree to work with CSH to identify these partners. 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**

|  |  |
| --- | --- |
| **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**

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

**4. Property Management Partner**

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

Please attach a document describing any additional partners who will be involved in the project, but who may not attend the session or who you would like to invite to join 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.

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

|  |  |
| --- | --- |
| **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?** | 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. If you plan to serve more than one population, please describe in the narrative which population is primary and why multiple populations are being targeted. Applicant should not identify more than two populations.

|  |  |  |
| --- | --- | --- |
| **Population** | **Applicable** | **# of Units** |
| Vulnerable or Chronically Homeless  |  |  |
| Frequent users of emergency systems/Stepping Up |  |  |
| Transition Age Youth or Homeless Families at risk of Separation |  |  |
| Other (describe) |  |  |

**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)** |  |

**APPLICATION NARRATIVE**

Please include a short narrative responding to each question listed below. Narrative must not exceed ten (10) 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**.

1. **Organizational Mission**
* Briefly describe the vision and mission of each organization. How does supportive housing relate to the organization’s mission?
* Do team organizations have a strategic/business plan? For each organization with a strategic/business plan, how does supportive housing align with that plan?
1. **Supportive Housing Goals and Concept**
* What are the team’s goals for the proposed supportive housing project?
* What is the team’s project concept relative to size, scale, type (new construction or rehabilitation) and design of housing?
* What is the anticipated target population for this project? If more than one, please explain.
* What service model do you envision for this project? Will services be mandatory or voluntary?
* How does the proposed supportive housing project match the community need? Please use data in describing community need.
1. **Supportive Housing Experience and Partnerships**
* How was the team leader selected and what is his/her role in carrying out the responsibilities of the project, securing funding and overseeing the process from pre-development to project completion? Will the team leader remain the point of contact after the training 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
* Discuss any anticipated capacity concerns that you plan to address during the training.

**4. 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 in this project?

**APPLICATION ATTACHMENTS**

Please submit the following documents in an electronic format along (pdf is preferred) with your application:

1. Copy of 501(c)3 tax exemption for applicable partners.
2. Letters of commitment from project partners attending training.
3. List of Board Members for the 3 primary team partners as applicable.
4. Most recent audited financials and year-to-date current financials.