# Arizona Supportive Housing Institute Application

Once the institute starts, participants will be working in teams. **Please submit one application per development team.** Please provide contact information for each member of your development team for the proposed project.

Up to five teams will be selected; preference in the selection process will be given to teams that consist of all the relevant partners including: a supportive service provider partner, a housing developer/owner partner, and a property management partner. However, we encourage all interested teams to apply ***even if their team is not yet fully assembled***. If the applicant has not yet identified all its team members, the applicant is encouraged to work with CSH to identify these partners as soon as possible as teams should be complete prior to the first training session.

The priorities for this institute round are healthcare, social determinates of health coordination and justice sector partners; however quality projects from other sectors and priorities may be considered.

**TEAM MEMBER INFORMATION**

1. **Team Leader for the Institute**

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

1. **Additional Team Members (if any)**

|  |  |
| --- | --- |
| **1. Name** |  |
| **Title** |  |
| **Email** |  |
| **2. Name** |  |
| **Title** |  |
| **Email** |  |
| **3. Name** |  |
| **Title** |  |
| **Email** |  |
| **4. Name** |  |
| **Title** |  |
| **Email** |  |

1. **Optional: Supportive Service Partner – If you have not identified a service partner, leave this section blank.**

|  |  |
| --- | --- |
| **1. Organization Name** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |
| **2. Organization Name** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |

1. **Optional: Housing Development Partner – If you have not identified a housing development partner, leave this section blank.**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |

1. **Optional: Property Management Partner – If you have not identified a property management partner, leave this section blank.**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |

1. **Optional: Person with Lived Experience or Peer Support Partner – If you have not identified a Person with Lived Experience/Peer Support management partner, leave this section blank.**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |

1. **Optional: Please list 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.**

|  |  |
| --- | --- |
| **1. Organization Name** |  |
| **Contact Person** |  |
| **Title** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |
| **2. Organization Name** |  |
| **Contact Person** |  |
| **Title** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |

**PROJECT CONCEPT**

1. **Site**

Optional: Please list up to three potential sites your team is considering for your project, if known. If no potential sites have been identified, please identify the general area you are attempting to locate your development.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address(s) or general location** | **Current Ownership** | **Does team have site control?** | **New Construction or Rehab?** | **Single- or scattered site?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Population(s)

Primary Population: Only one population to be served should be primary. Identify that population by placing a “P” next to it in the “Applicable” column. If you are serving populations other than the primary one, place an “X” next to all others in the “Applicable” column. Also, if you plan to serve more than one population, please describe that in the narrative section that follows.

|  |  |  |
| --- | --- | --- |
| **Population** | **Applicable** | **# of Units** |
| Frequent users of emergency systems (including Justice, health care, etc.) |  |  |
| Individuals and/or families experiencing homelessness (including chronically homeless, at-risk or housing instable) |  |  |
| Veterans |  |  |
| Transition Aged Youth |  |  |
| Vulnerable Persons (including HIV/Aids, people exiting institutional settings,  etc.) |  |  |
| Other (please specify) |  |  |

1. **Design Concept: Please provide *estimates* of the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total # of Units** |  | | | |
| **Total # of Buildings** |  | | | |
| **Single Site (100% PSH) or Integrated (specify % PSH)** |  | | | |
| **Unit Type:** | **PSH** | **0- 30% AMI  (Not PSH)** | **30- 60% AMI** | **60-80% AMI** |
| **# of Studio Units** |  |  |  |  |
| **# of 1 BR Units** |  |  |  |  |
| **# of 2 BR Units** |  |  |  |  |
| **# of 3+ BR Units** |  |  |  |  |
| **If unknown, please explain why:** |  | | | |

\*Integrated refers to partial PSH. Please specify percent PSH within the project.

**APPLICATION NARRATIVE**

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

# Organizational Mission

* + Briefly describe the vision and mission of your organization.
  + How does the provision of supportive housing relate to the organization’s mission?

# Supportive Housing Goals

* + What are your organizational goals for a supportive housing project?
  + What is your organization’s concept relative to size, scale, type (new construction or rehabilitation, if applicable) and design of housing?
  + Please describe the proposed services by addressing the following items.
    - Case management ratios and staffing model.
    - Description of support services offered such as transportation, benefits assistances (including SSI/SSDI), mental health treatment substance use treatment and primary health care services, if they are to be provided.
    - Description of any other services that will be offered.
  + How does your vision of a supportive housing project match the community need?

# Supportive Housing Experience and Partnership

* + Please detail past experience in developing, providing, or managing supportive housing or serving the target population for supportive housing.
  + Discuss any anticipated capacity concerns that you plan to address during the Institute.

# Collaborative Experience

* + Address how you will partner with appropriate health & service providers, local government, your local public housing authority, The Continuum of Care and other public systems (e.g., justice system, emergency departments, shelters, federally qualified health centers, and hospitals).

# Engaging Those with Lived Experience

* + Address if you intend to engage individuals with lived experience in the design and development of your project. If you intend to do so, elaborate on how you will engage them.

1. **Disproportionate Impact/Racial Equity**
   * Describe the demographics of the homeless population in the community where the PSH project will reside.  Include any Black, Indigenous, and people of color (BIPOC) that are over-represented in the homeless population in comparison to their portion of the general population using demographic information and other factual data.
   * Is the team including a team partner or partners who bring expertise and experience in addressing the service and housing needs of the identified communities of color? If so, please describe. If not yet identified or not part of the proposed team attending the Institute, how do you plan to bring this expertise to the team’s local planning early in the process.

# Data Collection

* + Discuss your organizational experience in data collection. Address the types of data that you anticipate gathering in the proposed project, how you anticipate utilizing that data and your data sharing policy, if any.

# Other information (optional)

* + Please add any additional information, not already covered, that you feel may be relevant in the team selection process.

# Notice: By submitting this application, applicant agrees to fully participate in the Institute by attending scheduled sessions and completing homework. Applicant also agrees to dedicate their time and organizational resources to the creation and improvement of supportive housing for their designated population(s).

**The Institute selection committee reserves the right to request clarification of information provided in this application or request additional information.**

**\*Application deadline is November 8, 2021 by 5 PM in Arizona. Please email applications to** [**Arizona.Institute@csh.org**](mailto:Arizona.Institute@csh.org) **.**