



# APPLICATION

2022-2023

Washington Supportive Housing Institute

## TEAM MEMBER INFORMATION

Please provide contact information for each member of your development team. Supportive Housing Institute teams will be limited to a maximum of five participants and must consist of (at minimum) a SUD supportive service provider partner, a housing developer/ owner partner, a property management partner, and at least one individual with lived expertise representation (e.g. Peer Support Specialist). **Applicants may apply without having identified all of their team members but must agree to work with the Washington State Health Care Authority (HCA) and Corporation for Supportive Housing (CSH) to identify these partners.** Each team must identify a team leader who will take responsibility managing the team through the development process and serve as the primary contact.

### Team Lead and Primary Contact:

NAME:	
TITLE:	
ORGANIZATION:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
PHONE:	
EMAIL:	

Check boxes for those items that apply:

Developer

Owner

Service Provider

Other: \_\_\_\_\_

Property Management

**Team Member 2:**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>ORGANIZATION:</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE:</b>	
<b>EMAIL:</b>	

*Check boxes for those items that apply:*

**Developer**

**Owner**

**Service Provider**

**Other: \_\_\_\_\_**

**Property Management**

**Team Member 3:**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>ORGANIZATION:</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE:</b>	
<b>EMAIL:</b>	

*Check boxes for those items that apply:*

**Developer**

**Owner**

**Service Provider**

**Other: \_\_\_\_\_**

**Property Management**

**Team Member 4:**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>ORGANIZATION:</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE:</b>	
<b>EMAIL:</b>	

*Check boxes for those items that apply:*

**Developer**

**Owner**

**Service Provider**

**Other: \_\_\_\_\_**

**Property Management**

**Team Member 5:**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>ORGANIZATION:</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP CODE:</b>	
<b>PHONE:</b>	
<b>EMAIL:</b>	

*Check boxes for those items that apply:*

**Peer Support**

**Community Partner**

**Service Provider**

**Other: \_\_\_\_\_**

**Property Management**

# PROJECT CONCEPT

**Site:** Please list up to three (3) potential sites your team is considering for your project

Address(es) or General Location	Site Control (Y/N)	New Construction or Rehab

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

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

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

**Focus Population:** If you plan to serve more than one population, please describe which population is primary and why multiple populations were chosen.

Focus Population	# of Units

# APPLICATION NARRATIVE

Please include a short narrative responding to each question listed below. Narrative may not exceed five (5) pages typed, not including prior charts and tables. **All questions must be answered as a narrative summary, providing and referencing attachments is not sufficient.**

## **Organizational Background:**

*NOTE:* Response to this section, Organizational Background, is required but not scored.

1. Briefly describe the vision and mission of each organization. How does supportive housing relate to the organizations' mission(s)?
2. How will this housing development increase the number of affordable housing options for individuals with substance use disorders?
3. If you have a team leader selected, briefly describe:
  - a) How was the team leader selected?
  - b) What is their role in carrying out the responsibilities of the Supportive Housing Institute, and overseeing the process from Supportive Housing Institute to project completion?
  - c) Will the team leader remain the point of contact after the Supportive Housing Institute and if not, who steps in?
4. Address how you will partner with appropriate health and service providers, local government, your local public housing authority and other public systems (e.g., justice, health systems, homeless system, child welfare and/or others).
5. Discuss any anticipated project related capacity/resource concerns that you plan to address during the Supportive Housing Institute.
6. Accessibility to technology for remote(virtual) trainings:
  - a) Do all team members have access to a computer and reliable internet?
  - b) Will team members share devices in a group setting or access training individually?
  - c) Do all team members all have access to video camera/mic or headset?
  - d) Are there any special accommodations we should know about?

## **Project Readiness & Accessibility:**

1. Briefly describe and demonstrate evidence of site control – acceptable forms may include: deed, purchase agreement or long term ground lease. **(5 points)**
2. Briefly describe the location of your proposed project in terms of accessibility; Describe how your project can assure residents will be able to access services, employment, grocery stores, medical needs,

etc. (If no location is known at this time, how will the team prioritize location accessibility when selecting site; minimum needs). **(5 points)**

**Need for Project:**

1. Briefly describe the need for PSH units in your community. Needs documentation may include HMIS data, the local Point-in-time (PIT) count or other sources to demonstrate the need for the project. **(5 points)**
2. Provide an analysis of need in relationship to the disproportionate impact of homelessness and other systems (e.g., health, child welfare, justice, etc.) on Black, Indigenous and People of Color (BIPOC). Provide the demographics of the homeless and other special needs populations in the community where PSH project will reside. Include any communities of color and/or other historically underserved communities that are over-represented in the homeless population in comparison to the general population using demographic information and other factual data. **(5 points)**

**Project Concept:**

1. Describe your project concept and how it addresses the needs in the community including the disproportionate impact of homelessness and other systems involvement (e.g. health, justice, child welfare, etc.) on Black, Indigenous and People of Color (BIPOC); inclusion of culturally responsive or other equity measures in project execution. **(5 points)**
2. Explain how culturally responsive services and/or culturally specific agencies/programs will be available to tenants who are members of communities of color and other historically marginalized populations. Please attach any agreements with service organizations. **(5 points)**
3. Provide information on how tenant voice is part of the project design, including if teams including tenant voice on PSH team. Describe what expertise or measures are in place to ensure the project best supports the focus population. This includes those who identify as BIPOC and/or other historically marginalized communities and/or serve people that identify as members of the communities in planning for this project. **(5 points)**

**Experience & Capacity:**

1. Provide a narrative of experience delivering PSH housing for the developer, property management and SUD service provider on the project team (respond for each group). Each group must have experience in the role they are playing: the developer must have developed previously, property manager in managing and SUD service provider in providing services. Confirm this experience and then indicate each team members' experience with project based PSH specifically. **(5 points)**
  - a) For those team members with experience with PSH, describe the experience and how similar or dissimilar it is with this project.
  - b) For those team members without experience with PSH, describe the commitment to PSH and the delivery of this housing project.
2. Describe how the community services infrastructure (e.g., coordinated entry, tenancy supports, other services, etc.) will meet the needs of this project and the community; if additional capacity is needed before this project is placed in service, describe the steps that will be taken to ensure success. **(5 points)**

## **APPLICATION ATTACHMENTS**



- Please submit the following documents in an electronic format (PDF preferred) along with your application: Copy of 501(c)3 tax exemption for applicable partners.
- Letters of commitment from project partners attending Supportive Housing Institute.

## APPLICATION INSTRUCTIONS

### Application Deadline: 12-31-21, 5pm Pacific

The Application Review Team will evaluate all proposals and notify applicants of their selection by January 14, 2021. Submission of an application represents a commitment for the team to attend all Institute sessions. The application must be submitted in its entirety. Incomplete applications will not be considered.

**Submission:** Submit an electronic copy of the application and the attachments in PDF form to CSH by email to [kate.bitney@csh.org](mailto:kate.bitney@csh.org)

**Questions:** If you have questions about this application, please contact:

Kate Bitney  
CSH Senior Program Manager  
[Kate.bitney@csh.org](mailto:Kate.bitney@csh.org)

If you have questions for HCA, please submit them via email to [lisa.gosiaco@hca.wa.gov](mailto:lisa.gosiaco@hca.wa.gov)

Additional information and updates about the WA Supportive Housing Institute can be found [here](#).