



APPLICATION

Illinois Supportive Housing Institute

Due date: Friday, May 13, 2022
Due to: Illinois.institute@csh.org

SUPPORTIVE HOUSING INSTITUTE APPLICATION

Team Member Information

Please provide information for each member of your team. Supportive Housing Institute teams must consist of at minimum a supportive service provider partner, a housing development partner, and a property management partner (and an Owner Partner if not included in one of the other partners). Applicants may apply without having identified all of their team members but must agree to work with the Corporation for Supportive Housing (CSH) to identify these partners. Teams will be limited to a maximum of five Supportive Housing Institute participants. Each team must identify a team leader who will take responsibility for 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:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Service Provider | |

Team Member 2:

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

Check boxes for those items that apply:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Service Provider | |

Team Member 3:

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

Check boxes for those items that apply:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Service Provider | |

Team Member 4:

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

Check boxes for those items that apply:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Service Provider | |

Team Member 5:

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

Check boxes for those items that apply:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Service Provider | |

PROJECT CONCEPT

We recognize that you may be in the early stages of your project, so please share as much as you currently know about your Project Concept. We understand it may change as you work to refine your project during the Supportive Housing Institute.

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

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

PROJECT READINESS AND ACCESSIBILITY

We recognize that you may be in the early stages of your project, so please share as much as you currently know about your Project Readiness and Accessibility. We understand it may change as you work to refine your project during the Supportive Housing Institute.

Design Concept: Please provide estimates of the following, including the anticipated number of permanent supportive housing (PSH) units. For a definition of supportive housing, [click here](#).

Total # of Units	
Total # of Buildings	
# of Studio Units	
# of 1 BR Units	
# of 2 BR Units	
# of 3+ BR Units	
If unknown, please explain why:	

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

Target Population	# of Units

APPLICATION NARRATIVE

Please submit responses to narrative questions as a separate document in PDF format, not to exceed 7 pages. Applicants should carefully consider questions to ensure all relevant details are provided and responses are complete.

Project Concept

1. Please describe the proposed project concept relative to size, scale, type (new construction or rehabilitation), design, and location.
2. Please describe the supportive services the project will offer tenants, including services the supportive service partner will provide (both on-site and off-site), description of the services other organizations may provide (both on-site and off-site), and a description of services available to tenants in the community.
3. Please describe the proposed property management plan including proposed staffing and on-site hours (i.e. evening, weekend, weekdays).
4. Please describe how the project includes culturally responsive/specific agencies or programs, and other equity measures.
5. Please describe the demand need for the proposed supportive housing project, citing local data sources.
6. Explain how the project will address the needs identified, especially the needs of people who identify as BIPOC.

Past Experience and Partnerships

1. For the developer, owner, property manager and supportive service provider(s) please detail past experience in developing, owning, managing, or providing supportive services in supportive housing.
2. If an organization is new to supportive housing, please describe experience in serving individuals experiencing homelessness or experience in affordable housing.
3. For additional team members, please describe their experience and role on the team.
4. For teams including a person with lived experience, please describe your plan to reimburse them for their participation in the project, so that they are funded to participate like other members of the team.

Collaborative Experience

1. Please provide a summary of previous collaborations among team

organizations. If team members have not worked together previously, describe how each organization was selected and what steps the team has taken to ensure successful collaboration.

2. Describe partnerships with local government, the local public housing authority, or other public systems.

Disproportionate Impact/Racial Equity

1. Describe the demographics of the homeless population in the community where the PSH project will reside.
2. Is there is a disproportionately high number of BIPOC (Black, Indigenous, and people of color) people experiencing homelessness in the community where the PSH project will be located?
 - a. If so, has the team included people with lived experience of homelessness who are part of the identified BIPOC communities and has 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 in planning for the response to the RFA?
 - b. If not, how does the team plan to include the expertise of people with lived expertise of homelessness and partners who bring expertise and experience working with BIPOC communities into the design, development and implementation of the proposed project?

** Please refer to the section at the end of the application titled “Application Data Resources” for information on data resources that may be useful to you. **

APPLICATION ATTACHMENTS

In addition to the Narrative document, please submit the following documents in PDF format (as separate files from your Narrative). All attachments must be clearly labeled.

1. Application with Team Member Information and Project Concept filled in (Pages 2-6 of this document).
2. Attach evidence of site control, if you have it.
3. Most recent audited financials and year-to-date current financials for those fulfilling a primary role as developer, owner and supportive services provider.
4. Letters of commitment from the Executive Director or CEO of each organization/company attending the Institute. The letter should address the following items:

- a. Commitment to developing a supportive housing project through the initiative and fulfilling the primary role for which the organization is responsible;
- b. Capacity to dedicate time to the Institute and to attend all sessions; it is understood that some organizations may participate that are new to developing supportive housing and we want to ensure that appropriate staff time and capacity is dedicated to this initiative;
- c. Commitment to communicate with the board or executive leadership throughout the process to ensure board and executive leadership support;
- d. Commitment for senior level staff and other staff as needed to participate in Institute sessions as described in the RFA; and,
- e. Commitment to develop supportive housing that meets the requirements listed below:
 - i. Housing is permanent and affordable
 - ii. Tenants hold leases and acceptance of services is not a condition of occupancy
 - iii. Housing is based on the housing first model which includes eviction prevention and harm reduction strategies
 - iv. Comprehensive case management services are accessible by tenants where they live and in a manner designed to maximize tenant stability and self-sufficiency
 - v. The supportive housing development must design tenant screening in a manner that ensures tenants are not screened out for having too little or no income, active or a history of substance use, a criminal record (with exceptions for program mandated restrictions), or a history of victimization; e.g., domestic violence, sexual assault or abuse
 - vi. The development will use the Continuum of Care's (CoC) Coordinated Entry system for referrals to the Supportive Housing Units and must report through the CoC's Homeless Management Information System (HMIS)

Please note that if your team is accepted into the Institute, your team will be asked to provide the following by June 1, 2022:

- Letter from a board chair or member of board executive committee of not-for-profit project partners affirming commitment to participate in the Institute and adhere to the guidelines provided through the RFA.

APPLICATION DATA RESOURCES

It might be helpful to reach out to your Continuum of Care (CoC) Coordinator for insight on need and connections to local data. The 22 Continuums of Care Consortia and Contacts in Illinois are listed [here](#).

The US Census Bureau provides population estimates down to Cities, Zip Codes, Census Tracts or Counties. Here is a [link](#) to the Census QuickFacts pages by County (this is an example for Pope County):

<https://www.census.gov/quickfacts/fact/table/popecountyillinois,US/PST045221>

If you click on “[map](#)” in the above link, it will also take you to a map of Illinois that will provide a QuickFacts report of census data for each County in Illinois.

<https://www.census.gov/quickfacts/fact/map/US/PST045221>