

APPLICATION

# 2024

# Kansas City Metro Supportive Housing Institute

 Due to: KC.Institute@csh.org

 Due date: Extended to September 13, 2024

## TEAM MEMBER INFORMATION

Please provide contact information for each member of your development team. Supportive Housing Institute teams must consist of at minimum a supportive service provider partner, a housing developer 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:*

**Developer Service Provider**

**Property Management**

**Owner**

**Other:**

**Team Member 2:**

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

*Check boxes for those items that apply:*

**Developer Service Provider**

**Property Management**

**Owner**

**Other:**

**Team Member 3:**

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

*Check boxes for those items that apply:*

**Developer Service Provider**

**Property Management**

**Owner**

**Other:**

**Team Member 4:**

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

*Check boxes for those items that apply:*

**Developer Service Provider**

**Property Management**

**Owner**

**Other:**

**Team Member 5** (*if* including a member with Lived Expertise or other Peer Support representation**):**

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

*Check boxes for those items that apply:*

**Peer Support Service Provider**

**Property Management**

**Community Partner**

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

**PROJECT CONCEPT**

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

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

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

|  |  |
| --- | --- |
| **Total # of Units** |  |
| **Total # of Buildings** |  |
| **Single Site (100% PSH) or Integrated (specify % PSH)**  |  |
| **Unit Type:** | **Permanent Supportive Housing** | **Affordable Housing** | **0 - 30% AMI** | **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 mix of affordable and supportive housing units. Please specify the percentage of 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 submit responses to narrative questions as a separate document in PDF format, not to exceed 5 pages (this doesn’t include attachments).

**Project Concept**

1. Describe the proposed project concept relative to size, scale, type (new construction or rehabilitation), design, and location. Will it be an integrated supportive housing project mixing affordable and supportive housing or will it be 100% supportive housing?
2. Describe the proposed supportive services offered to tenants.
3. Describe the proposed property management plan.

4. Describe the need for the proposed project, citing local data sources where available.

**Team Description**

1. Please describe each team member’s experience in either developing, managing or delivering services. If a partner is new to supportive housing, please describe experience in serving individuals experiencing homelessness or experience in affordable housing.
2. 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. Describe previous collaborations among team organizations. If team members have not worked together previously, describe how the team agreed to come together for this project.
2. Describe partnerships with local government, the local public housing authority, or other public systems.

**Disproportionate Impact/Racial Equity**

According to the 2024 Point in Time Count by the Greater Kansas City Coalition to End Homelessness the breakdown by Race on Homeless Population was:

* American Indian, Alaska Native: 26
* Asian or Asian American: 13
* Black or African American: 779
* Hispanic, Latina/e/o: 154
* Native Hawaiian or Pacific Islander: 9
* White: 854
* Multiple Races: 337
* Data Not Collected: 32

This data notes the disproportionality of Black, Indigenous and People of Color in the homeless system (versus their percentage of the population). For example, Black or African Americans were only noted as 21.6% of the general population but they are represented in the homeless system at a much higher rate. To note how your project will work to address this disproportionality please describe the following:

1. How has the team included people with lived expertise/experience of homelessness who are part of the identified BIPOC communities in planning the response to the RFP? If not, please describe how the team will include people with lived expertise of homelessness who are part of the identified BIPOC communities in the design, development and implementation of the proposed project.
2. 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, please describe how you plan to bring this expertise to the team’s local planning early in the process.
3. For the organizations represented on the proposed Institute team, please describe any race, social and other inequity strategies the organizations are involved in or considering addressing.

## 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 1-5 of this document).
2. Most recent audited financials and year-to-date current financials for those fulfilling a primary role as developer, owner and supportive services provider.
3. Letters of commitment from the Executive Director or CEO of each organization attending the Institute. The letter should address the following items:
4. Commitment to developing a supportive housing project through the initiative and fulfilling the primary role for which the organization is responsible;
5. Capacity to dedicate time to the Institute;
6. Commitment to communicate with the board (non-profits) or executive leadership (for-profits) throughout the process to ensure board and executive leadership support;
7. Commitment for senior level staff and other staff as needed to participate in Institute sessions as described in the RFP; and,
8. Commitment to develop supportive housing that meets the requirements listed below:
	* + - * Housing is permanent and affordable.
				* Tenants hold leases and acceptance of services is not a condition of occupancy.
				* Housing is based on the housing first model which includes eviction prevention and harm reduction strategies.
				* Comprehensive case management services are accessible by tenants where they live and, in a manner, designed to maximize tenant stability and self-sufficiency.
				* 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).
				* The development must report through the Homeless Management Information System (HMIS) and other data required by the Continuum of Care and must provide reporting to CSH and the Kansas City Department of Housing and Community Development on the number of units and households they will be serving and the length of time (in years) they intend to serve them.

**E-mail** KC.Institute@csh.org **if you have questions while filling out the Application.**