



Texas 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 six 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 teams to submit an application 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 in the Institute process. The priority markets for this institute round will include Houston, Austin, San Antonio, Dallas/Fort Worth, Rio Grande Valley, and El Paso, but quality projects from elsewhere in the State may be considered.

TEAM MEMBER INFORMATION

1. Team Leader for the Institute

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

2. Additional Team Members (if any)

1. Name	
Title	
Email	
2. Name	
Title	
Email	
3. Name	
Title	
Email	

4. Name	
Title	
Email	

3. 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	

4. 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	

5. 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	



6. **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 leave this section blank.

Address(s) or general location	Current Ownership	Does team have site control?	Vacant land or Rehab existing property?	Single- or scattered site?

2. 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)		
Vulnerable Persons (including HIV/Aids, people exiting institutional settings, etc.)		
Veterans		
Transition Aged Youth		
Other (please specify) _____		

3. Type of Supportive Housing Project (check appropriate box)

100% Supportive housing	
Integrated (at least 25% of units supportive housing)	

APPLICATION NARRATIVE

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

1. Organizational Mission

- Briefly describe the vision and mission of your organization.



- How does the provision of supportive housing relate to the organization's mission?

2. 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?



- How does your vision of a supportive housing project match the community need?

3. 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.



4. 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).

5. 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.



6. 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). Review the CSH and TSAHC information guide on the Institute for additional detail prior to submission.

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

***Application deadline is July 22, 2020.** Applicants will be notified of selection by August 7, 2020

Please send the completed form to **Michael Wilt** at mwilt@tsahc.org