



**2022 COMPETITIVE HOUSING DEVELOPMENT  
Request for Grant Applications (RFGA)  
LICENSED RESIDENTIAL HOMES or FACILITIES  
APPLICATION FORM**

**Applicant Information**

Name of Agency, Corporation or Individual or One of Nine Federally Recognized Tribes of Oregon:

Address:

City, State, Zip:

Contact Person:

Phone:

Fax:

E-mail address:

Tax ID #:

Business Name registered with Oregon Secretary of State (if Tribe, enter "NA"):

Secretary of State Registry Number (if Tribe, enter "NA"):

**Funding**

Provide the proposed project's total development costs and total amount of OHA HSD funds requested:

Total Real Property Project Development Funds Requested	\$
Total Start Up Funds Requested	\$
Total OHA HSD Funds Requested	\$

## Project Information

<b>Project Type</b> (check one)	
New Construction	<input type="checkbox"/>
Acquisition (may include rehabilitation)	<input type="checkbox"/>
Renovation only	<input type="checkbox"/>

<b>Residential Type</b> (check one)		<b>No. of New Beds Proposed</b>
Residential Treatment Home (RTH)	<input type="checkbox"/>	
Residential Treatment Facility (RTF)	<input type="checkbox"/>	
Secure Residential Treatment Facility (SRTF)	<input type="checkbox"/>	

*Note: RTH = up to 5 beds total  
 RTF = 6 to 15 beds total  
 SRTF = up to 15 beds total*

### Status of Property

- Property owned by Applicant
- Property secured by Applicant with Option to Purchase
- Property not identified

If Property is owned or secured by Applicant:

Address of Property	
City & Zip	
County	

If Property for Development Project is not secured, describe plans for securing of an appropriate property including city and county and status of search for that Property.

# Brief Description of Proposed Project

Provide a brief description of the proposed project including location, site design, residential spaces and amenities. Please limit your response to one full page.

## APPLICATION REQUIRED MATERIALS

Applications must include the following documents in the Application package.

### 1. Applicant's Designation of Confidential Materials (Attachment A)

Attach Designation Form. Ensure materials exempt from public disclosure are identified (if none, enter "NA") and sign form.

### 2. Authorization to Apply

The signature below is provided by a duly authorized official of Applicant and indicates the Application has been approved for submittal.

Authorized Signature	
Print Name	
Title	
Date	

### 3. Compliance Period & Security of State Investments Acknowledgement

By signing below, Applicant acknowledges their commitment to provide housing and services for the Compliance Period of not less than 20 years. Applicant also acknowledges their understanding that a Housing Development Project Financing Contract (HDPFC) and Trust Deed (described in section 12 of the Application Notice) will be executed to secure OHA HSD funding and that a lien will be filed against the subject property for the Compliance Period of at least 20 years. Applicant must agree to repay the pro-rated balance of the award if the occupancy of the Applicant is in default under the HDPFC, including but not limited to a default for failure to comply with the requisite occupancy requirements for the target population.

Authorized Signature	
Print Name	
Title	
Date	

#### 4. Non-Discrimination Certification

By signing below, Applicant certifies that all eligible individuals shall be considered for residency and services without regard to race, color, sex or sexual orientation, religion, creed, national origin, age, familial status, marital status, source of income, or disability.

Authorized Signature	
Print Name	
Title	
Date	

## 5. Project Authorization

Each Application submitted must include the appropriate project authorization as described on page 14 of the Application Notice.

- Applicants who are a sole proprietor will provide a signed copy of the “Certificate of Authority (Sole Proprietor).” A copy of the form can be found at the OHA HSD Social Determinants of Health (SDOH) website: <https://www.oregon.gov/oha/HSD/AMH/Pages/SDOH.aspx>
- Applicants who are a corporation, limited liability company or a partnership will provide a resolution as described in the Application Notice.

## 6. Letter of Endorsement

Each Application package must include the appropriate Letter(s) of Endorsement as described below. See page 15 of the Application Notice for the letter requirements.

Letter required if Applicant is one of nine Federally Recognized Tribes in Oregon:

- Letter of Support from either the Tribal Health Program or Tribal Behavioral Health Program.

Letters required if Applicant is not one of nine Federally Recognized Tribes in Oregon:

- Letter of Endorsement from the Community Mental Health Program (CMHP) for the county or region in which the project will be located.
- Letter of Endorsement from the Coordinated Care Organization (CCO) serving the region in which the project will be located.

## OHA HSD CONFIRMATIONS

Please note that OHA HSD will confirm these items:

1. Funding Compliance for Applicants who previously received OHA funding for any type of residential housing.
2. Licensing and Certification Findings for Applicants who have a license with OHA HSD for another residential property.
3. State Business Registration showing Applicant is registered with the Oregon Secretary of State.

## Application Questions

Responses to items in this section will determine the application score. The maximum score available is included with each response.

Enter responses to the questions below in the boxes provided. Responses to individual questions should not be longer than one half page each.

Please note, it is important to consider in each response how the proposed project will address the need to serve individuals in a residential environment that is welcoming and inclusive of people from culturally and linguistically diverse communities. Applicants must consider how housing efforts and services will include people so they are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class intersections among these communities or identities, or other socially determined circumstances.

1. Describe how the proposed home or facility including design, features and amenities will best service the intended residents. How many beds will be available in the home or facility? Please note that the proposed development of new residential capacity must result in a net gain in residential capacity for the target population.

Maximum Points 30



2. What is the status of the proposed home or facility? Is the proposed home or facility owned by Applicant or will it be acquired? If the plan is to acquire an appropriate home or facility, has it been identified?

Maximum Points 20

3. From date of the Housing Development Project Financing Contract (HDPFC), how many weeks will Applicant require to reach occupancy including securing a licensing from OHA for operation?

Maximum Points 20

4. A. Will the residential home or facility offer beds for one of the three priority groups of individuals? Those groups are (1) Aid and Assist Community Restoration, (2) Psychiatric Security Review Board Jurisdiction, or (3) Civil Commitment. If yes, identify which priority group(s) and the number of beds dedicated to that population in the proposed home or facility. If no, enter "NA"

Maximum Points 50

- B. Will the residential home or facility offer beds for a population other than one or more of the three priority groups of individuals described above? If yes, please describe the target population that will be served. If no, enter "NA"

Maximum Points 10

4. Describe how Applicant's project will support elimination of health inequities and will assure access and people are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexually orientation, social class intersections among these communities or identities, or socially determined circumstances.

Maximum Points 30

5. Describe how Applicant will provide culturally responsive, trauma-informed, person-centered programming. Describe how Applicant's proposal will require that planning work is led by people with lived experience of behavioral health needs and people disproportionately impacted by health inequities.

Maximum Points 30

6. Describe how Applicant's program will address the needs of people with co-occurring issues including mental illness, substance use, intellectual/developmental disabilities, and/or physical health conditions. What is Applicant's plan to track outcomes for the services provided to measure treatment success?

Maximum Points 20

7. How will Applicant's proposal have a positive impact on the census at the Oregon State Hospital (OSH)? Awardees must agree to prioritize admissions from people being discharged from OSH as well as people being diverted from OSH.

Maximum Points 20

8. Describe how Applicant’s project will provide increased staffing of licensed behavioral health care practitioners appropriate for the Applicant’s licensed residential treatment facility or home. Include a description of how Applicant plans to staff its facility or home within the proposed timeline and Applicant’s sustainability<sup>1</sup> plan.

Maximum Points 20

9. How will Applicant sustain programs and services and what sources of revenue will be used to support operations, residential treatment care and programs at the home or facility?

Maximum Points 20

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<sup>1</sup> Per ORS 184.421, “Sustainability” means using, developing and protecting resources in a manner that enables people to meet current needs and provides that future generations can also meet future needs, from the joint perspective of environmental, economic and community objectives.

## ATTACHMENTS TO APPLICATION FORM

- Attachment A Applicant's Designation of Confidential Materials
- Attachment B Development Project Sources and Uses and Start Up Costs Budget Excel Spreadsheet form
- Attachment C Sample Housing Development Project Financing Contract (HDPFC) and Trust Deed (Documents to be Posted Soon)

Attachment B can be found in the Excel file included in the Application documents posted to the OHA HSD Social Determinants of Health (SDOH) website:

<https://www.oregon.gov/oha/HSD/AMH/Pages/SDOH.aspx>

Application for Supportive Housing and Integrated Housing  
Applicant’s Designation of Confidential Materials

Applicant’s Name (Legal Entity name):

Instructions for completing this form:

As a public entity, Oregon Health Authority (OHA) is subject to the Oregon Public Records Law which confers a right for any person to inspect any public records of a public body in Oregon, subject to certain exemptions and limitations. See ORS 192.311 through 192.478. Exemptions are generally narrowly construed in favor of disclosure in furtherance of a policy of open government. Your Application will be a public record that is subject to disclosure except for material that qualifies as a public records exemption.

It is OHA’s responsibility to redact from disclosure only material exempt from the Oregon Public Records Law. It is the Applicant’s responsibility to only mark material that legitimately qualifies under an exemption from disclosure. To designate a portion of an Application as exempt from disclosure under the Oregon Public Records Law, the Applicant should do the following steps:

1. Clearly identify in the body of the Application only the limited material that is a trade secret or would otherwise be exempt under public records law. If a Applicant fails to identify portions of the Application as exempt, Applicant is deemed to waive any future claim of non-disclosure of that information.
2. List, in the space provided below, the portions of your Application that you have marked in step 1 as exempt under public records law and the public records law exemption (e.g., a trade secret) you believe applies to each portion. If an Application fails to list in this Attachment a portion of the Application as exempt, Applicant is deemed to waive any future claim of non-disclosure of that information.
3. Provide, in your response to this Attachment, a justification for how each portion designated as exempt meets the exemption criteria under the Oregon Public Records Law. If you are asserting trade secret over any material, please indicate how such material meets all the criteria of a trade secret listed below. Please do not use broad statements of conclusion not supported by evidence.

OHA, as a public body, shall determine whether any information is actually exempt from disclosure. Prospective Applicants are advised to consult with legal counsel regarding disclosure issues. Applicant may wish to limit the amount of truly trade secret information submitted, providing only what is necessary to submit a complete and competitive Application.

In order for records to be exempt from disclosure as a trade secret, the records must meet all four of the following requirements:

- The information must not be patented;
- It must be known only to certain individuals within an organization and used in a business the organization conducts;
- It must be information that has actual or potential commercial value; and,
- It must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Keep in mind that the trade secret exemption is very limited. Not all material that you might prefer to be kept from review by a competitor qualifies as trade secret material. OHA is required to release information in the Application unless it meets the requirements of a trade secret or other exemption from disclosure and it is the Applicant's responsibility to provide the basis for which exemption should apply.

In support of the principle of an open competitive process, "bottom-line pricing" – that is, pricing used for objective cost evaluation for an award of an RFGP or the total cost of the Grant Agreement or deliverables under the Grant Agreement or the total cost of a Forgivable Loan/Financing Agreement or deliverable under a Forgivable Loan/Financing Agreement – will not be considered as exempt material under a public records request. Examples of material that would also not likely be considered a trade secret would include résumés, audited financial statements of publicly traded companies, material that is publicly knowable such as a screen shot of a software interface or a software report format.

To designate material as confidential and qualified under an exemption from disclosure under Oregon Public Records Law, an Applicant must complete this Attachment form as follows:

Part I: List all portions of your Application, if any, that Applicant is designating as exempt from disclosure under Oregon Public Records Law. For each item in

the list, state the exemption in Oregon Public Records Law that you are asserting (e.g., trade secret).

“This data is exempt from disclosure under Oregon Public Records Law pursuant to [insert specific exemption from ORS 192, such as a “ORS 192.345(2) ‘trade secret’”], and is not to be disclosed except in accordance with the Oregon Public Records Law, ORS 192.311 through 192.478.”

In the space provided below, state Applicant’s list of material exempt from disclosure and include specific pages and section references of your Application. Alternatively, Applicant may mark this Attachment as Not Applicable.

- 1.
- 2.
- 3.

[This list may be expanded as necessary.]

Authorized Signature	
Print Name	
Title	
Date	



**Residential Home or Facility  
Development Project and Start Up Costs Budgets  
Budget Forms**

ATTACHMENT B      Development Project Sources and Uses and  
Start Up Costs Budget Spreadsheet Form

These Excel Spreadsheets can be found posted to the OHA HSD  
Social Determinants of Health (SDOH) website:

<https://www.oregon.gov/oha/HSD/AMH/Pages/SDOH.aspx>