



2022 COMPETITIVE HOUSING DEVELOPMENT REQUEST FOR GRANT APPLICATIONS

Supportive Housing for Individuals with Serious and Persistent Mental Illness

APPLICATION FORM

Applicant Information

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

Address:

City, State, Zip:

Contact Person:

Phone:

Fax:

E-mail address:

Tax ID #:

Ownership Information. Entity that owns (or will) own the property to be developed if different from Applicant. If not applicable, enter "NA"

Legal Name of Owner (at time of application):

Contact Person:

Phone:

Fax:

E-mail address:

Tax ID #:

Project Information

Project Name	
Address/Location (if available)	
City & Zip (if available)	
County	

Project Type New Construction Acquisition (may include rehabilitation)

Total number of proposed units		
Number of units proposed to be set aside for individuals with SPMI*		As percentage of total units
If dedicated units less than 100% of units <ul style="list-style-type: none"> • who will the balance of units be marketed to or set aside for • if the balance of units will be affordable or market rate rents 		

Expected Date of Occupancy of units for individuals with SPMI (month/year)	
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Funding

Minimum OHA HSD funds per Project: \$10,000

Maximum OHA HSD funds per Project: \$ 2,700,000

Maximum OHA HSD funds per Unit for individual with SPMI: \$ 300,000

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

Total Project Development Cost	\$
Total OHA HSD Development Funds Requested	\$

Brief Description of Proposed Project

Provide a brief description of the proposed project including location, site design, unit confirmation and amenities. Please limit your response to two full pages.

THRESHOLD ITEMS

Please ensure that the following items are completed.

1. Project Development Authorization: Resolution

Attach authorization documents as specified in “Project Development Authorization: Resolution” section beginning on page 14 of the Application Notice.

2. OHA HSD Funding Compliance

Applicants that have previously received funding from OHA HSD for any type of residential housing must:

- Be in compliance with all funding program and regulatory requirements;
- Have not defaulted on any OHA HSD funds; and
- Have no finding of non-compliance.

Failure to be in compliance or having a default will result in an Application not meeting threshold requirements.

This threshold item is subject to confirmation by OHA HSD staff. No submission is required.

3. Letter(s) of Endorsement

Attach the appropriate Letter(s) of Endorsement as described in Section 12 of the Application Notice.

4. Applicant’s Designation of Confidential Materials (Attachment C of Attachments to Application Form)

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

5. 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	

6. 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 16 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 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	

7. 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 in addition to the serious and persistent mental illness that qualifies the individual for residency and services.

Authorized Signature	
Print Name	
Title	
Date	

Application Narrative Questions

Complete responses to the questions below in the boxes provided.

It is important that Applicants consider in your responses how the proposed project will address the need to identify the target population and ensure it is inclusive of people from culturally and linguistically diverse communities.

Responses should be consistent with the OHA Health Equity Definition found on page 1 of the Application Notice to ensure people are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identify, sexual orientation social class, intersections among these communities or identities or other socially determined circumstances.

LOCATION

Maximum Points 40

Is the planned site for the proposed project located in a rural area of the state? Rural is defined as ten or more miles from the city limits of a population center of 40,000 people or more (Portland, Eugene, Salem, Gresham, Hillsboro, Bend, Beaverton, Medford, Springfield, Corvallis, Albany, Tigard, Lake Oswego).

Yes No

OCCUPANCY

1. Target Population Residents

Maximum Points 40

a. Describe the prospective residents for the proposed project and their current living situation (including those that qualify as being unhoused).

b. How will residing in the proposed project benefit these individuals?

- c. Persons in recovery often experience multiple obstacles to securing housing such as poor credit and rental histories, criminal background, and lack of funds for security deposit and application fees. Individuals from diverse and underserved racial and ethnic communities may face unique barriers. Describe how Applicant will provide assistance and support to mitigate barriers that could impede renting of a unit to target population individuals.

2. Equity and Inclusion

Maximum Points 40

- a. Describe Applicant’s experience and resources including partnerships in the community to meet the individualized needs of residents. How will Applicant consider how housing efforts and services will not disadvantage people 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. Include Applicant’s affirmative fair housing policies and procedures that support this effort.

- b. Describe Applicant’s knowledge and experience incorporating culturally responsive and linguistically appropriate services into the management and operation of rental housing. How are the principles of Culturally and Linguistically Appropriate Services (CLAS) a part of operations? Include in your response information on the recruitment, training and retention of culturally and linguistically appropriate staff.

3. Collaboration

Maximum Points 30

Describe how Applicant will work with the appropriate entities listed below to effectively transition people into supportive housing from the Oregon State Hospital, a licensed residential setting or a setting that qualifies as “unhoused”, meeting the individualized needs of each person. Please enter “NA” into boxes that do not apply.

Scoring is based on the collaborations described below.

If applicant is one of the Nine Federally Recognized Tribes of Oregon:

Tribal Health Program and/or Tribal Behavioral Health Program

Applicant is not One of Nine Federally Recognized Tribes of Oregon:

Coordinated Care Organization (CCO):

Community Mental Health Program (CMHP):

SERVICES

Applicant must describe their provision of informed approaches and recognized best practices in mental health treatment. Applicants must also describe their experience and familiarity with the application of resident-involved planning. The inclusion of peer mentors services for the target population is required for award compliance.

Resident services must be readily available on a voluntary basis and Applicant must design and manage support services that will actively engage residents. The service provision philosophy should support recovery with the goal of residents living successfully in the community.

Please mark the appropriate box regarding who will provide required on-site direct services:

- Applicant is a primary service provider
- Applicant will secure primary service provision from a third-party service provider

1. Direct Services

Maximum Points 35

a. Provide Applicant’s plan for proposed culturally appropriate and responsive services that will be available to target population residents. How will these voluntary services be coordinated with residents?

b. Describe in detail how resident-involved planning will assist target population residents’ transition to increased self-sufficiency. How will Applicant create relationships with residents to actively engage residents in services?

c. Describe the role of peers in Applicant’s occupancy and services functions. How will the support of peers enhance the stability of target population residents in their community?

- d. Describe Applicant's response to problems encountered by a target population resident that could jeopardize the resident's tenancy such as being at risk for either eviction or reentering a licensed residential or hospital setting. How will Applicant plan and initiate action for these situations including use of crisis and early intervention resources.

2. Community Resources and Supports

Maximum Points 30

- a. Describe nearby community amenities, mental health treatment providers, support groups and other services that will be available to target population residents including physical and behavioral healthcare as well as culturally responsive and social opportunities.

- b. Describe how Applicant will foster opportunities for "natural supports" that are apart from care by a provider. A description of "natural supports" can be found on page 23 of the Application Notice.

c. How will Applicant ensure that target population residents can access off-site services if services are not readily available within a reasonable distance from the proposed supportive housing?

d. Describe in detail how Applicant will meet the individualized needs of target population residents by working with each of the following entities. Please enter “NA” into boxes that do not apply.

Applicant is One of Nine Federally Recognized Tribes of Oregon:

Tribal Health Program and/or Tribal Behavioral Health Program:

Applicant is not One of Nine Federally Recognized Tribes of Oregon:

Coordinated Care Organization (CCO):

Community Mental Health Program (CMHP):

Housing Development and Operation Capacity

Applicant must demonstrate sufficient experience in project development and operation along with the requisite fiscal expertise to bring a project to completion.

If Applicant does not have capacity in any area of development and operation, Applicant may secure the services of a qualified consultant or professional services entity and provide information in the Application specific to that individual or entity.

1. Applicant Qualifications and Experience Maximum Points 25

- a. Explain why Applicant is qualified to complete the proposed project for the target population. This may include consultant services, partnerships, and/or cooperative efforts.

- b. Describe the expertise of Applicant’s board members, officers, officials or principal members as it relates to housing development and operations.

2. Proposed Project Site Maximum Points 15

- a. Describe the proposed project site. If a site has not been identified, describe the proposed area for siting.

b. Describe how the proposed project location will benefit the target population.

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3. Development Process

Maximum Points 15

It is important that Applicant present a proposed project that is well into the planning phase of development.

a. Describe how Applicant will manage the development process.

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b. List project development activities that have been completed, that are substantially underway, or in the planning stages. Include with a brief description of each.

◆Project site

Activities Completed	Activities Underway	Activities in Planning Stage

◆Design or Property assessment for rehabilitation

Activities Completed	Activities Underway	Activities in Planning Stage

◆Finance scenario and budget

Activities Completed	Activities Underway	Activities in Planning Stage

◆ Other development activities

Activities Completed	Activities Underway	Activities in Planning Stage

⇒ In addition to the narrative responses, be sure to complete and attach the Proposed Project Schedule, provided as Attachment A.

4. Development Team

Maximum Points 15

For the proposed housing project, list below the Applicant staff member or consultant assigned to each task. Include a description of the responsibilities for each, limited to no more than **150** words. If a position is not applicable, please enter "NA".

Position	Staff person, consultant or contractor name	Years of experience in capacity listed	
		General Housing	Special Need Housing
Executive Director or Owner			
Responsibilities:			
Project Development Manager			
Responsibilities:			
Project Development Staff			
Responsibilities:			
Development Consultant			
Responsibilities:			
Realtor			
Responsibilities:			
Construction Contractor			
Responsibilities:			
Asset/Property Manager			
Responsibilities:			
Resident Services Coordinator			
Responsibilities:			
Other:			
Responsibilities:			

5. Finance & Budget

Maximum Points 15

Four project pro-forma Excel budget forms (Sources of Funding; Uses of Funds; Income Budget; and Expenses Budget) shall be completed and attached (see Attachment B of Application Form). Be sure to include detailed budget notes. In addition, provide narrative responses to the following items.

- a. Describe the need for OHA HSD funding resources. Why are these funds crucial to the successful development of the proposed project? How will the OHA HSD funds leverage other funding sources?

- b. List the other sources of development funding planned for the development budget. (Examples are provided but Applicant is not limited to those examples.)

Fund	Source	Type	amount	status

EXAMPLES				
LIHTC; HOME; OHCS MH Housing Funds; bond; permanent loan; local jurisdiction (non- federal) funding; cash contribution; deferred developer fee	OHCS; USDA Rural Development; Lending institution; Owner/applicant; City or County	Grant; Loan; Equity; contribution; tax credit		Commit Letter; Award; Letter of Interest; making application; contact made with source

- c. Describe how Applicant will determine rents that are affordable for the target population. Include the sources of income and amount of income per month used to calculate affordability of rents.

- d. List project-based rent subsidies planned to support affordability. If no subsidies are planned, enter “NA” in the first column. (Examples are provided but Applicant is not limited to those examples.)

Subsidy	Source	Type	Term	status

EXAMPLES				
HUD Section 811; Project-Based Rental Assistance (RA); local program	OHCS; Housing Authority; City or County; service provider	Project-based; RA program set-aside	Subsidy must be committed for not less than 5 yrs. with option to renew	Committed; anticipate commitment; tentative commitment; contact made with source

6. Asset & Property Management

Maximum Points **15**

Please check the box next to the configuration that fits the operating plan for the proposed project:

- Applicant/Owner: Responsible for Asset Management & Property Management
- Applicant/Owner: Responsible for Asset Management; Contracts for Property Management

- a. Describe Applicant’s experience in the operation of housing for the target population.

- b. If Applicant plans to self-manage the proposed project, describe Applicant’s experience managing affordable rental housing that includes individuals with special needs. What expertise does Applicant bring to the management of rental units for the target population?

If the property will be managed by a property management agent, enter “NA”.

c. If Applicant plans to contract for property management with a third-party property management agent, identify the agent and describe that entity's property management experience including rental housing for the target population.

If property management agent is not yet selected, describe how Applicant will determine if the contractor has the requisite experience to manage the proposed project.

If the property will be self-managed, enter "NA."

ATTACHMENTS TO APPLICATION FORM

- Attachment A Proposed Project Schedule
- Attachment B Budget Forms (Excel):
- Development Budget Spreadsheets
("Sources of Funding" and "Uses of Funds")
 - Operating Budget Spreadsheets
("Income Budget" and "Expenses Budget")
- Attachment C Applicant's Designation of Confidential Materials

Proposed Project Schedule

Project Name:		Schedule Date:	
Activity	Proposed Date (month/year)*	Revised Date (month/year)*	Completed Date (month/year)*
Site			
Option/Contract executed			
Site Acquisition			
Zoning Approval			
Site Analysis			
Building Permits & Fees			
Off-Site Improvements			
Pre-Development			
Plans Completed			
Final Bids			
Contractor Selected			
Financing			
Construction Loan:			
Proposal			
Firm Commitment			
Closing/Funding of Loan			
Permanent Loan:			
Proposal			
Firm Commitment			
Closing/Funding of Loan			
Development			
Syndication/Partnership Agreement (LIHTC)			
Construction Begins			
Construction Completed			
Certificate of Occupancy			
Marketing			
Lease Up Begins			
Lease Up Completed			

Competitive Housing Development Application Supportive Housing

Application Budget Excel File

Development Budget Spreadsheets
("Sources of Funding" and "Uses of Funds")

Operating Budget Spreadsheets
("Income Budget" and "Expenses Budget")

These four spreadsheets can be found in the Excel file included in the Application Attachments to the Application Form, posted to the OHA HSD Social Determinants of Health Website:

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

Competitive Housing Development Request for Grant Applications
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 an 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, the total cost of a Grant Agreement or deliverables under the Grant Agreement or 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	