



## 2022 COMPETITIVE REQUEST FOR GRANT APPLICATIONS (RFGA)

### Young Adult in Transition 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 Requested

Provide the proposed project's requested development funds, start-up funds  
and total amount of OHA HSD funds requested for this RFGA:

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"/>	

### 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.

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# 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. Project Authorization

Each Application submitted must include the appropriate project authorization as described in the Application Notice.

- Applicants who are a sole proprietor must 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 must provide a resolution as described in the Application Notice.
- Applicants who are one of nine federally recognized tribes of Oregon must provide a resolution as described in the Application Notice.

### 2. Letter(s) of Endorsement.

- a. If Applicant is one of the nine Federally Recognized Tribes of Oregon, the Application must include a letter supporting the proposed licensed home or facility from the Tribal Health Program or Tribal Behavioral Health Program.
  - b. If Applicant is not one of the nine Federally Recognized Tribes of Oregon, OHA strongly encourages the Application to include a letter supporting the proposed licensed home or facility from the Community Mental Health Program (CMHP) serving the location of the proposed residence, and the Coordinated Care Organization (CCO) serving the location of the proposed residence.
- All letters of endorsement submitted with an Application must be specific in its support of the proposed residence.

### 3. Applicant’s Designation of Confidential Materials (Attachment A)

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

#### 4. 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	

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

By signing below, Applicant acknowledges their commitment to provide Young Adults in Transition Homes and Facilities and services for the Compliance Period of not less than 20 years. Applicant also acknowledges their understanding that documents must be executed to secure OHA HSD funding for the Compliance Period, including but not limited to a Grant Agreement, Declaration of Restrictive Covenants and related documents. Applicant must agree to the Grant Agreement's claw back provisions for failure to comply with the requisite occupancy requirements for the target population.

Authorized Signature	
Print Name	
Title	
Date	

**6. Non-Discrimination Certification**

By signing below, Applicant certifies that all eligible individuals shall be considered for residency and services without unlawful 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	

**7. Project Budgets** (Attachment B to Application Form). Applicant must complete the Excel form for the applicable proposed project budgets: Development Project Sources of Funds and Costs and Start-Up Costs Budget.

**8. 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 if required.

## APPLICATION NARRATIVE QUESTIONS

### YOUNG ADULT IN TRANTION RESIDENTIAL HOMES OR FACILITIES

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 unlawfully 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. A.) Describe how the proposed residential home or facility will provide new beds for Young Adults in Transition. 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**

1. B) Explain why Applicant is qualified to complete the proposed project for the target population. If Applicant does not have the requisite experience and skills needed to successfully develop the proposed project, explain how Applicant will access/secure resources to develop the project.

Maximum Points **20**

2. What is the status of the proposed residential home or facility? Is the proposed residential 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 Grant Agreement, how many weeks will Applicant require to reach occupancy including securing required licensing from OHA for operation?

Maximum Points **20**

4. Describe how Applicant’s project will support elimination of health inequities and will assure access for young adults so that they are not unlawfully 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.

Maximum Points **40**

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 **40**

6. Describe the staffing of the proposed residence by licensed behavioral health care practitioners and how that staffing will be accomplished within the proposed development timeline.

Maximum Points **40**

7. Describe programs and services for the proposed residence and how Applicant will sustain programs and services, including a description of sources of revenue that will be used to support operations, residential treatment care and programs at the home or facility.

Maximum Points **50**

8. Describe how Applicant's project will be designed and constructed to provide accessibility for individuals with disabilities. Please note that structures must be in accordance with ADA accessibility laws. Refer to 2019 Oregon Structural Specialty Code Chapter 11 1102.1 Design and multi-family dwellings as defined in the Fair Housing Act as amended in 1988 and as provided in state law, including OAR 309-035-0140.

Maximum Points **50**

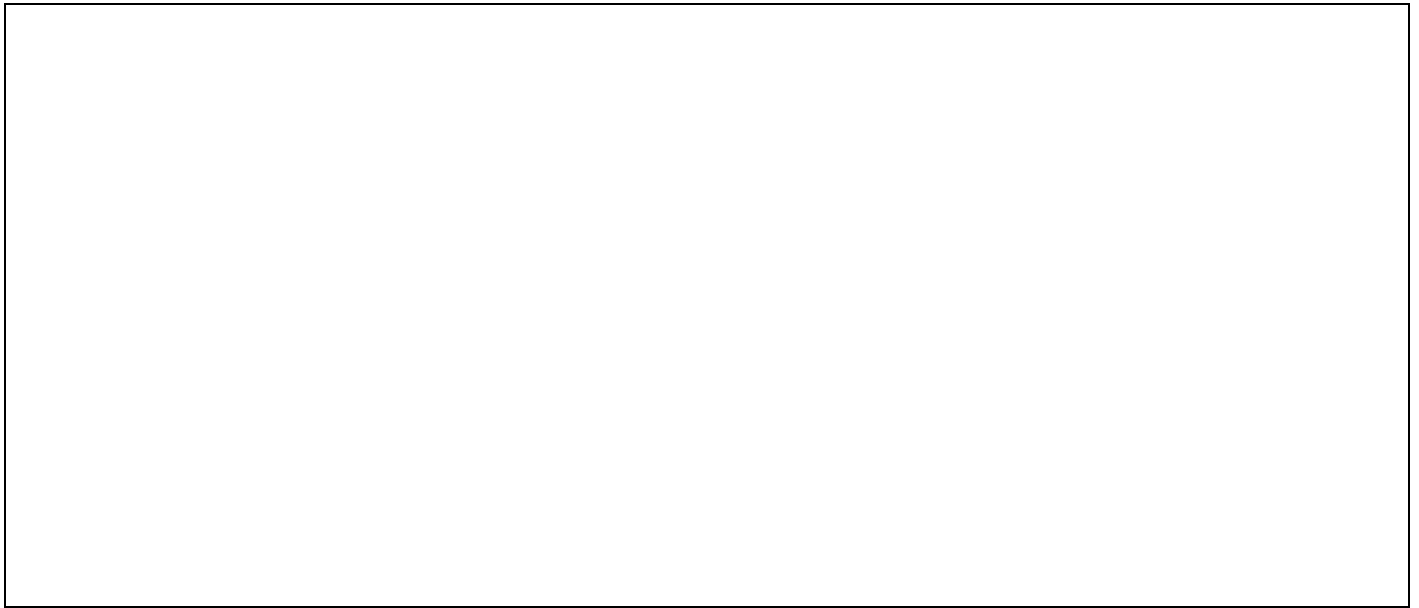
9. Describe the clinical model that will be implemented and how this model will meet the developmental needs for the Young Adult in Transition population.

Maximum Points **50**



10. Describe how Applicant's program will address the needs of Young Adults 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 **50**



## **ATTACHMENTS TO APPLICATION FORM**

Attachment A      Applicant's Designation of Confidential Materials  
Attachment B      Development Project Budget and Start-Up Costs Budget Excel  
                                 Spreadsheet form

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>

ATTACHMENT A

Application for Young Adults in Transition Residential Homes or Facilities  
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 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 it 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	