

**CUYAHOGA COUNTY CONTINUUM OF CARE
2018 LOW INCOME HOUSING TAX CREDIT
PERMANENT SUPPORTIVE HOUSING
PROJECT PROPOSAL**

Instructions for Completion and Submission of PSH Project Proposal

Any organization interested in applying for low-income tax credit financing for a new Permanent Supportive Housing (PSH) that will be located in Cuyahoga County, must seek support from the Cuyahoga County Continuum of Care.

In order to be considered for support, applicants must complete and submit the PSH Project Proposal. Please keep all narrative responses to a two paragraph maximum.

Applicants submitting incomplete PSH Project Proposals will not receive Cuyahoga County CoC support.

Upon Review of the PSH Project Review Committee, and approval by the OHS Advisory Board, PSH project applicants will be notified of the status of support for their Project.

Project Proposals must be submitted by :

5:00 PM, Friday, January 5, 2018

Via email to

Ruth Gillett: rgillett@cuyahogacounty.us

Applicants will be notified on, or before Friday, January 19, 2018

CONTACT INFORMATION

Provide contact information for the person(s) completing and submitting the project proposal.

Contact Name:

Contact Organizational Affiliation:

Contact email address:

Contact Phone Number:

PROJECT INFORMATION

Name of Project:

Full Address of Project:

Agency Applicant:

Applicant Address:

Email:

Phone:

Indicate whether the applicant has the following items and attach them if requested.

<u>Item</u>	<u>yes/no</u>	<u>please label and attach</u>
Site Control		yes
Zoning Compliance		yes
Site Plan		yes
Floor plans with dimensions		yes
Evidence of compliance with Green Standards		yes
Current Environmental Assessment		yes
Council Letter of Support		yes
Supportive Services Plan		yes
MOUs with partner service providers identified		
In the SSP		yes
Evidence of Medicaid billing capacity		yes
Evidence of Rent Subsidy for 50% of units		yes

Project Description

Who will the project serve; how many units/persons at a point in time; why is the project needed; how does the project coordinate with CoC goals to end homelessness? If the proposed project serves an existing population, attach the HMIS APR for the period 10/01/16 – 9/30/17.

Project Experience:**Developer Name:**

- Number of PSH projects and PSH units developed in the **last three years**
Projects _____ Units _____
- Number of LIHTC applications submitted _____
- Number funded _____
- Experience in successfully securing local and state gap funding for capital expenses:
Provide specific examples related to one of the projects noted above:

Property Management Name: (reporting period 10/01/16 – 9/30/17)

- # of PSH units currently managed
- Occupancy rate on current PSH units
- Turnover rate
- Eviction rate

Performance Outcomes for Applicant: (reporting period 10/01/16 – 9/30/17)

- Unduplicated count of persons served
- % of clients residing in project for six months or longer
- % that have exited to PH
- % that have returned to shelter

PROJECT BUDGET SUMMARY

If the funds have been secured provide **documentation of commitment**. List all proposed sources, amounts, uses for the project.

Projected Operating Expenses: Per unit cost _____ Total cost _____

Operating Revenues: itemize sources

Projected Supportive Services Expenses: Per unit cost _____ Total Cost _____

Supportive Services Revenues: Itemize sources

Capital Expenses: Per Unit Cost _____ Total Cost _____

Sources:

