

Long Term Support Program Supportive Housing Demonstration Program

APPLICATION

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LONG TERM SUPPORT PROGRAM -- SUPPORTIVE HOUSING DEMONSTRATION PROGRAM

APPLICATION COVER SHEET

Name of Organization:

(Must be the incorporated name of applicant organization)

Mailing Address:

Year Founded:

Contact Person:

Phone Number:

Fax Number:

E-mail Address:

1. Identify the County in which the housing will be located:

Bergen	
Camden	
Essex	

Hudson	
Mercer	
Middlesex	

Monmouth	
Passaic	
Union	

2. Proposed number of LTSP SHDP units:

3. Anticipated date(s) of occupancy:

4. Target population:

Entire LTSP Population	
Mentally Ill Only	
Physically Disabled Only	

Elderly Only	
Families Only	
Single Adults Only	

HIV/AIDS Only	
Substance Abuse Only	
Other Subset	

5. Amount of funds requested:

Capital:	\$
Lease Buy Down:	\$
Residential Support Services:	\$
Other: (describe below)	\$

Acting as a duly authorized representative, I hereby affirm that the below named applicant's governing body has reviewed and accepts all of the conditions of participation in the Long Term Support Program Supportive Housing Demonstration Program sponsored by the Corporation of Supportive Housing, New Jersey Department of Human Services, Division of Family Development, Department of Community Affairs and the New Jersey Housing and Mortgage Finance Agency, as described in the LTSP SHDP Request for Proposals (RFP) and the applicant organization is interested in being considered for participation in the LTSPSHDP.

Signature:

Print Name/Title:

Date:

Also attach a signed letter from any organization that you anticipate working with as a co-applicant to develop/access the supportive housing or provide residential support services. The letter should outline the roles and responsibilities of each partner organization. Do not attach any other letters, including letters of support or interest.

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APPLICANT QUALIFICATIONS QUESTIONNAIRE

Instructions: All applicants must answer all questions.

1. Please attach a narrative description that is no more than 3 pages in length that addresses the following points:

- Describe your organization's history and track record;
- Describe your organization's service philosophy including types of services offered;
- What is the typical size of case loads for your service staff and how often do they meet with clients; case loads and typical frequency of client contact;
- Describe any partnerships or special relationships you have with other complementary service providers in your area; and
- Anything else that you think is important about your organization and operations.

2. What is your organization's mission statement?

3. Does your organization have a parent organization or any subsidiaries or affiliates?
Yes ____ No ____ . If yes, please list and describe.

4. Please include a copy of your two most recent audited financial statements and a copy your 501(c)3 certification as attachments to this questionnaire.

5. List the names and titles of the key staff that will be most involved with the LTSP SHDP. Attach a resume or bio for each (no more than 4 people).

1. _____
2. _____
3. _____

4. _____

6. Attach a list of board members and their affiliations, and identify below if there are any vacant board positions.

7. Check the populations you have served in your housing or support service programs:

	Housing	Service Programs
TANF Recipients		
Single GA Recipients		
Homeless People		
Physically Disabled People		
Elderly People		
People with HIV/AIDS		
People with Mental Illness		
People with Substance Abuse Issues		
Other:		
Other:		
Other:		

8. Estimate the total number of people served by your organization in the last year?
_____ people

9. What is your total social service program budget for the last year (indicate whether it is for the year 2003 or the fiscal year ending on June 30, 2004)?

10. List the sources of your funding for social services.

11. Has the applicant, its parent organization, or any subsidiary or affiliate been party to any legal proceedings and/or subject to any such proceedings known to be contemplated by government authorities? Yes _____ No _____. If yes, explain on a separate piece of paper.
12. Has the applicant, its parent organization, or any subsidiary or affiliate ever received funds from a bank, foundation, or government agency to undertake housing rehabilitation, construction, or acquisition that it was unable to bring to fruition? Yes _____ No _____. If yes, explain on a separate piece of paper.
13. Does the applicant, its parent organization, or any subsidiary or affiliate have or has it ever had a financial ownership interest in any real estate that is now in default on its mortgage, or in arrears on its real estate taxes? Yes _____ No _____. If yes, explain on a separate piece of paper.

14. Complete the following chart, and copy as needed, listing **each** housing project your organization as been involved with, or attach a project profile that includes the indicated information.

	PROJECT ONE	PROJECT TWO	PROJECT THREE
Project name			
Year project (to be) opened			
Location/Address			
Target population			
Number of units			
Total development cost	\$	\$	\$
List Development Funding Sources (i.e. HUD 811 Program; DMHS Capital; DCA's Balanced Housing Program; Camden County HOME, etc.)			
Did you use a development consultant?			

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SUPPORTIVE HOUSING PLAN

Instructions: All applicants must answer questions 1-5. Questions 6-9 are to be answered based on your proposed housing model.

1. Please attach a narrative description of your proposed housing project that is no more than 3 pages in length and which addresses the following points:
 - Description of your proposed housing;
 - Reason for selecting proposed housing model;
 - Approach to be used to identify potential site(s);
 - Desired housing configuration and unit size;
 - Anticipated tenant selection procedure;
 - Property management responsibilities; and
 - Housing quality assurance.

2. Proposed Housing Model (see RFP packet for description of each model).

Model	Please check one
Development	
Lease Buy-Down	
Market Access	
Other, please describe below	

3. Anticipated type and number of units.

Type	Number of units
Efficiency/Studio	
1 Bedroom Apartment	
Shared Housing	
Other, please describe below	

4. Targeted municipality for housing, or actual location if known.

5. What methods you will use to ensure that your project will be affordable to LTSP SHDP participants?

ANSWER QUESTIONS 6, 7, 8, or 9 BASED ON YOUR PROPOSED HOUSING MODEL. YOU DO NOT NEED TO ANSWER EVERY QUESTION, ONLY THOSE THAT ARE APPLICABLE TO YOUR PROPOSED PROJECT.

6. Ownership (Housing Development) Model Only–

a. Anticipated sources and uses of funds

Development Funding Sources	Amount
LSTP SHDP Capital	\$
(Please list all others)	\$
	\$
	\$
	\$
	\$
Total	\$

Development Funding Uses	Amount
Acquisition	\$
Construction/Rehabilitation	\$
Soft Costs*	\$
Developer's Fee	\$
Total	\$

* Soft costs include all other expenses such as professional fees (architect, accounting, survey, environmental...), taxes, insurance, etc.

b. Projected operating budget (per month)

Operating Income (by unit type)	Amount
Total monthly rent per unit	\$
Estimated tenant share	\$
Estimated amount of rental subsidy	\$

Operating Expenses	Amount
Management	\$
Maintenance	\$
Equipment/Supplies	\$
Utilities	\$
Taxes/Insurance	\$
All other costs	\$
Total	

c. Anticipated project timeline and date of occupancy

Milestone	Date
Identify site	
Funding submissions completed	
Funding approvals obtained	
Construction loan closing	
Construction start	
Start lease-up	
Full occupancy	

7. Lease Buy-Down Model Only

a. Term of affordability? ____# of years

b. Anticipated costs

	Amount
Total monthly rent per unit	
Estimated monthly tenant share	_____
Rent Gap	
Total amount of up-front capitalized payment for term of affordability (for 1 unit)	
Total amount of up-front capitalized payment for term of affordability (for ALL units)	

c. Anticipated project timeline and date of occupancy

Milestone	Date
Identify property	
Negotiate terms of relationship with property owner	
Initial occupancy	
Full occupancy	

8. **Market Access Model Only**

a. Anticipated costs

Operating Income (by unit type)	Amount
Total monthly rent per unit	
Estimated tenant share	
Estimated amount of rental subsidy	

b. Anticipated project timeline and date of occupancy

Milestone	Date
Identify units	
Initial occupancy	
Full occupancy	

9. **Other Models Only**– copy charts from above as appropriate and describe nuances of your proposed model below.

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RESIDENTIAL SUPPORT SERVICE PLAN

Instructions: All applicants must answer all of the questions below.

1. Please attach a Narrative describing your Residential Support Service Plan that is no more than 3 pages in length and which addresses the following points:
 - Describe the services that will be provided by your staff;
 - Describe your service delivery structure including staffing pattern, staff/client ratios, staff hours, after-hours access and minimum staff qualifications;
 - Demonstrate your knowledge of the service needs and the diversity of the LTSP population to be served;
 - List the other services available in your community that you anticipate working with for the LTSP SHDP and describe the nature of your relationship with the service providers; and
 - Describe the strategies you will use to engage clients in voluntary services, so that tenants avail themselves of the residential support services that are available.

2. Residential support services budget

Support Services Funding Sources	Amount
LTSP SHDP Residential support services funds	\$
Other services funding (list)	\$
Value of in-kind services provided	\$
Total	

Residential Support Services Funding Uses	Amount
Direct Service Staff by Title	\$
Staff Benefits	\$ _____ , _____ % of salaries
Materials/Supplies	\$
Equipment	\$
Transportation	\$
Administration	\$
Total	

