

Plan and Budget for Providing Supportive Services to Residential Tenants Form

1. Description of Proposed Project and Owner's Contact Information

Property Name:	
Property Address:	
Name of project owner and if it is an LLC, name of managing member:	
Owner's primary contact person (name, title, organization, phone number and email):	
Number of dwelling units:	
Of the total units, how many will be permanent supportive housing () units:	
Of the total units, how many units will be for families:	
Of the total units, how many will be for individuals or couples:	
Estimated date of closing construction financing (day/month/year):	
Estimated date of first occupancy (day/month/year):	
Estimated date of full occupancy (day/month/year):	

2. Experience of Entity Primarily Responsible for Supportive Services

Description of the Lead Service Provider—the organization that will be primarily responsible and accountable for overall management of supportive services—whether the project owner or another entity.

Name of legal entity that is committed to be the Lead Service Provider:	
Primary contact person for supportive	

services plan (name, title, phone number and email):	
Number of units for which the proposed Lead Service Provider currently oversees and delivers services:	
Number of transitional housing units/shelter beds for which the Lead Service Provider currently oversees and delivers services:	
Number of non-residential homeless participants for which the Lead Service Provider currently oversees and delivers services:	
Year in which the Lead Service Provider first managed, coordinated or monitored supportive services with special needs clients in residential settings or otherwise:	
Lead Service Provider's mission statement:	
The special populations served during the past three years (check-offs).	<input type="checkbox"/> Chronically homeless <input type="checkbox"/> Homeless veterans <input type="checkbox"/> Homeless families <input type="checkbox"/> Homeless youth <input type="checkbox"/> Re-entry/Justice Involved <input type="checkbox"/> With chronic mental illness <input type="checkbox"/> With alcohol or drug addiction <input type="checkbox"/> Survivors of domestic violence <input type="checkbox"/> With physical or developmental disabilities, including HIV/AIDS <input type="checkbox"/> Other homeless (Describe): <input type="checkbox"/> Other (Describe):
Describe any programs terminated or major funding reduced or lost for supportive services in the past three years:	

3. Categories of Special Needs Households Expected to Reside at the Property

Estimate below the number of residents at full occupancy, dividing the numbers of residents into the special population categories below.

Recognizing that some households will fall into two or more categories, estimate the numbers in each category based on the expected primary characteristics of individuals or households. The numbers in all categories must equal the total number of units. This information will be used by the program to help determine if the services listed in Section 4 below are appropriate for the expected resident population as a whole.

Special Populations	Number of PSH/RRH units	Additional explanations (as needed)
Chronically homeless		
Homeless veterans		
Homeless families		
Homeless youth		
Re-entry/Justice Involved		
With chronic mental illness		
With alcohol or drug addiction		
Survivors of domestic violence		
With physical or developmental disabilities, including HIV/AIDS (describe):		
Other homeless (describe):		
Other (describe):		
Total number of PHS units		

4. Services to Be Provided to Residents

Below, enter the name of a service provider (our own organization or a partner organization) for each supportive service that will be provided, and note for each service whether it is “In Budget” or “In-Kind” and whether it will be provided “On-Site” or “Off-Site.” NOTE: This was adapted from a “services menu” created by the Corporation for Supportive Housing and referred to by HUD. Include only major, essential supportive services and not incidental or occasional services.

4.1. General Supportive Services	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Tenant orientation/move-in assistance			
Tenant’s rights education/tenants council			
Case management			
Coordination of all resident services			
Psychosocial assessment			

4.1. General Supportive Services	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Individualized service planning			
Individual counseling and support			
Referrals to other services and programs			
Crisis intervention			
Peer mentoring			
Support groups (list below)			
Recreational/socialization opportunities			
Legal assistance			
Transportation			
Meals			
Other nutritional services			
Emergency financial assistance (specify)			
Furnishings			
Other (specify):			

4.2. Independent Living Skills	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Communication skills			
Conflict resolution/mediation training			
Personal financial management & budgeting			
Credit counseling			
Representative payee			
Entitlement assistance/benefits counseling			
Training in cooking/meal preparation			
Training in personal hygiene and self-care			
Training in housekeeping			
Training in use of public transportation			
Assistance with activities of daily living			

4.2. Independent Living Skills	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Other (specify):			

4.3. Health/Medical Services	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Routine medical care			
Specialty medical care			
Medication management or monitoring			
Health and wellness education			
Nursing/visiting nurse care			
Home health aide services			
Personal care			
HIV/AIDS services			
Pain management			
Other (specify):			

4.4. Mental Health Services	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Individual psychosocial assessment			
Individual counseling			
Group therapy			
Support groups (specify below)			
Peer mentoring/support (describe below)			
Medication management/monitoring (specify below)			
Education about mental illness			
Education about psychotropic medication			
Psychiatric assessment			
Psychiatric services (specify below)			
Liaison with psychiatrist (describe)			
Psychiatric staff (i.e. – nurse)			
Other (specify):			

4.5. Substance Abuse Services	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Recovery readiness services (tenants with active addictions)			
Relapse prevention and recovery planning			
Substance abuse counseling (individual)			
Substance abuse counseling (group)			
Methadone maintenance			
Harm-reduction services (specify)			
Peer support groups (i.e. - AA/NA/CA)			
Sober recreational activities			
Detoxification treatment and In-patient Rehabilitation			
Rehabilitation program (out-patient)			
Other (specify):			

4.6. Employment Services	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Job skills training (certificate programs)			
Job skills training (non-certificate services)			
Education			
Job readiness training: resumes, interviewing skills			
Job retention services — support, coaching			
Job development/job placement services			
Opportunities for tenants to volunteer			
Other (specify):			

4.7. Services for Families	Name of Service Provider (Legal Entity) - Include Lead Service Provider and/or Others	Whether In Our Budget or In-kind	Whether Provided On-Site or Off-Site
Support group for parents			
Support group for children			
Support group for families			
Assistance in accessing entitlements (including child support)			
Parenting/child development classes			
All-day child care			
After-school care			
Temporary child care during parent's illness, detox, etc.			
Tutoring children			
Other children's services provided (specify):			
Referral to other children's services (specify):			
Domestic violence services			
Family advocacy (specify):			
Family reunification (specify):			
Other family services (specify):			

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5. Experience and Capability of Lead Service Provider

Describe below the Lead Service Provider’s mission, origins, capabilities, experience, financial stability and philosophy with regard to providing supportive services:

6. Estimated Demand and Referral Sources for the Proposed Permanent Supportive Housing Units

Estimate below the potential demand for the initial rent-up of units and an estimate of monthly referrals thereafter.

-This should be based on a survey of referral organizations, data from the current-year Point In Time survey or other data show the community need. The survey analyst or applicant should make a judgment of how many persons referred will meet the definition of an eligible individual AND meet the applicant's selection criteria.

Names of Referral Partners	Estimate of Number of Qualified Referrals at Initial Rent-UP	Estimate of Average Number of Qualified Referrals Thereafter, Monthly
Coordinated Entry System		
Other Referral Partners (specify):		

Estimate of number of weeks it will take to initially rent up the units:

Summarize below the most recently published Point-In-Time survey information or other data sources indicating demand levels:

Provide detailed counts of homeless individuals, those with children, and special needs categories if available or summarize the information and attach a report). NOTE: This summary could be included in a market study required for obtaining financing; however, the key facts should be repeated here.

7. Resident Selection Criteria and Process Including Approach to Intakes and Assessments

Summarize below all of these program elements.

NOTE:

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8. Case Management

Write a narrative response on each of these topics, not to exceed two full pages for all topics.

a. **Staffing standards and roles:** Describe the training, certifications and experience required for the case manager(s). Describe how often and for how long they are expected to meet with a typical resident. Describe the expected liaison and advocacy role of the case manager(s) with partner agencies Describe any direct services the case manager(s) are required to provide to residents such as crisis intervention assistance, budget counseling, or other direct services.

b. **Services plans with expected outcomes:** Describe how the case management staff work alongside residents to mutually create individualized plans for the services to be provided and expected outcomes those services and a resident's own efforts. Describe how—and how often—the case management staff track progress toward those outcomes and discusses that progress with each resident.

Check off which of the following issues are typically included in individual services plans - in the aggregate. (It is not expected that each services plan needs to address all of these issues:

- Housing stability
- Stabilization or improvements in physical health
- Stabilization or improvements in mental health
- Vocational/Educational advancement
- Other – describe:
- Other – describe:

c. **Supervision:** Describe how often each case manager typically meets with his/her supervisor(s) to discuss progress and what topics, data and issues are typically discussed. Describe how, if applicable, the outcome-tracking described in (b) and (c) relate to the performance reviews of the case manager(s). Describe, if applicable, whether and how lack of progress with a case manager's resident caseload would result in a reprimand or termination.

9. Outcomes:

Write a narrative response for the following, not to exceed two full pages in total.

a. Describe intended outcomes for the project, such as, but not limited to:

- Housing retention
- Stabilized/improved physical and/or behavioral health
- Increased income (earned and unearned)
- Recidivism to homelessness, incarceration and/or hospitalization
- Transition to independent living

b. Describe how outcomes will be defined, tracked, reported and utilized for continued improvement.

c. Describe how the Lead Service Provider will set expected quarterly or annual outcomes for case management staff and residents regarding outcomes.

10. Supportive Services Staffing Plan and Budget Forecast for First 12 Months of Full Operations

Complete the tables below, only for the staffing and costs of the Lead Service Provider. **The budget must include only supportive services costs and no property management costs.**

Note: “% FTE” will exceed 100% for more than 1 staff person. Value of in-kind services is not included.

Staffing			
Job Functions	Our Job Titles	% FTE	Annual Cost
Overall management/coordination			
Case management			
Other: describe			
Other: describe			
Other: describe			
Other: describe			
Subtotals, Personnel Costs			\$0
Fringe Benefits			\$0
Subtotal, Personnel Costs			\$0

Other Program Costs	Annual Cost
Client financial assistance	
Client transportation	
Food/refreshments for client events	
Other: describe	
Other: describe	
Other: describe	
Other: describe	
Subtotal, Other Program Costs	\$0

Other Direct Costs and Indirect Overhead Costs (pro-rate for this project)	Annual Cost
Office rent	
Phone, internet	
Equipment and equipment maintenance	
Office supplies and postage	
Mileage and parking (staff)	
Training and development	
Insurance (apart from employee benefits)	

Other Direct Costs and Indirect Overhead Costs (pro-rate for this project)	Annual Cost
Accounting	
Audit	

Legal	
Other: describe	
Other: describe	
Other: describe	
Subtotal, Other Costs	\$0
Total Annual Budget	\$0

11. Projected Sources of Funding for Supportive Services

Below are listed all projected sources of funding that are expected to be used to pay for the direct costs of services described in Section 5 above. If sources of funds do not equal uses of funds in any year, explain in the narrative below. If applicable, identify use of net income from rental operations and non-deferred developer fees as separate sources of funds.

Forecast of Expenses (Year 1 Taken from Budget)	Year 1	Year 2	Year 3	Year 4	Year 5
Annual inflation factor of ____% applied to Years 2-5					

Forecast of Sources						
Name of Funder/Source	Year 1 Status (e.g. committed, applied for)	Year 1	Year 2	Year 3	Year 4	Year 5
Total Annual Sources Forecast		\$0	\$0	\$0	\$0	\$0
Surplus/Deficit by Year		\$0	\$0	\$0	\$0	\$0