

Supportive Service Plan

APPENDIX B



Overview

Projects reserving at least 20% of total units for Homeless or Special Needs populations are required to submit this Supportive Services Plan, excluding 100% elderly housing.

Project Information

Project Name:

Project Sponsor:

Project FHLBI Member:

Select the homeless or special needs populations being served

Homeless Type:

Special Needs Type:

# OF TRANSITIONAL BEDS:	# OF EMERGENCY BEDS:	# OF PERMANENT SUPPORTIVE HOUSING UNITS:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Special Needs units committed:

Total Homeless units committed:

Total project units:

Referral Sources & Needs Identification

Describe existing or anticipated referral sources. Include how the need for the supported units and service needs of the population were identified:

Organizational Capacity

Describe the organization's experience with supported housing for the targeted population and capacity to manage the proposed development; explain how the project aligns with the sponsor's mission:

Community Partnership

Describe community and neighborhood support and whether the development is part of the local Continuum of Care Plan or other stabilization strategies:

Outcomes and Expectations – General Summary

Describe expected outcomes and how objectives are established and tracked for measurable results. If transitional housing, discuss after-care measures to mitigate relapse/housing instability:

Conditions of Occupancy for Residents

Are leases required? If so, what are the terms of the lease? Are residents required to pay rent? Are there any length of stay restrictions? What is the anticipated average length of stay in the housing? Explain any other terms and conditions for participation in the program.

Resident Retention and Success/Outcomes

Discuss historical, or anticipated, performance with resident retention, evictions due to noncompliance, success upon exit, after-care initiatives, and strategies to minimize evictions:

Operational and Supportive Service Funding

Indicate any funding for operating expenses or supportive services not covered by rents or rental assistance. Ensure the 15-year supportive services income & expense pro-forma is completed on the Proforma tab in FHLBI.GIVES.

Supportive Services Delivery and Coordination

Describe service delivery and coordination including the provider's name and if service is on or offsite. Attach MOUs/supportive service agreements in Exhibit 3.

Long-term Sustainability and Operational Feasibility

Explain contingency plan to remain operational and continue meeting support strategies if operating subsidies or rental assistance end before the 15-year retention period concludes: