

AGENDA

Continuum of Care Retreat

Thursday, November 14, 2024 • 8:00 am – 1:30 pm

Time	Item	Presenter	Action
8:00 am	Welcome and Agenda Review <ul style="list-style-type: none"> CoC CY2025 Schedule 	Michael Wilkos	Quorum Affirmed
8:10 am	CoC BUILDS! Notice of Funding Opportunity (A) (R)	Lianna Barbu	Vote
9:00 am	Central Ohio Housing Ecosystem	Michael Wilkos	
9:45 am	Community Assessment Report and Findings <ul style="list-style-type: none"> CoC Housing Continuum and Terminology Community Assessment Report and Findings 	Shannon Isom	
10:45 am	Break		
10:55 am	Other Top Performing CoCs Research Project	Michael Wilkos	
11:10 am	Empowerment of the Citizens Advisory Council	Malcolm Turner	
11:25 am	Unsheltered East-West Virtual Workshop	Christina Blair	
11:30 am	Breakouts (everyone works on the same questions, in smaller groups) <ul style="list-style-type: none"> What changes do you think the COC should make to be more responsive to our current community conditions? How does the COC develop its own voice to advocate for people experiencing homelessness? 	Michael Wilkos	
12:30 pm	Lunch + Report Out - Decision Time <ul style="list-style-type: none"> How do we operationalize the above changes? 	Michael Wilkos	
1:30 pm	Adjourn	Michael Wilkos	

(A) = Attachment (H) = Handout (P) = Previously Distributed (R) Resolution

Columbus & Franklin County Continuum of Care 2024 CoCBuils Application Schedule

Activity	Timing	Detail
2024 CoCBuils NOFO Released	7/19/2024	Announced via HUD listserv & posted on HUD Exchange
CoCBuils Application schedule and call for Concept Papers released	8/12/2024	CSB establishes Concept Paper and project review & application schedule; releases to applicants via email
Concept Papers due to CSB	9/20/2024	All applications due to CSB by 5pm via e-mail
CSB review	9/20/2024 – 10/22/2024	CSB reviews applications and works with applicants to correct technical issues
Final Concept Papers due to CSB	10/22/2024	Final applications due to CSB
CSB scoring	10/23-10/25/2024	Score CoCBuils Concept Papers
Citizens Advisory Council scoring meeting	10/28/2024	Review and score CoCBuils Concept Papers
CoC Board Meeting Packet	10/28/2024	Disseminate meeting packet to CoC Board
CoC Board Meeting	11/4/2024	Considers CSB and CAC scoring. Adjusts scoring and prioritization. Recommends to the CoC project(s) to be included in the CoCBuils application.
CoC Meeting Packet	11/11/2024	Disseminate meeting packet to CoC
CoC Meeting (open to the public)	11/14/2024 (one hour from the CoC Retreat)	Considers CoC Board scoring and prioritization. Approves project to be included in the CoCBuils application.
Notify CoC Applicants	11/14/2024	Notify CoC Applicant of project prioritization
Certification of Consistency	11/14/24 – 11/18/24	CSB requests and receives Certification of Consistency with the Consolidated Plan from the City
CSB consolidated application in grants.gov	11/14/24 - 11/20/24	CSB consolidates the application from the approved project to 25 pages, completes budget. <ul style="list-style-type: none"> - Advancing Racial Equity; - Affirmative Marketing and Outreach - Affirmatively Furthering Fair Housing - Code of Conduct - Letter from the COC Board President
SF-424 Application for Federal Assistance		
HUD-424-B Applicant and Recipient Assurances and Certification		
HUD-2880 Applicant/Recipient Disclosure/Update Report		
SF-LLL Disclosure of Lobbying Activities		
Certification Regarding Lobbying Activities		
HUD-424-CBW Grant Application Detailed Budget Worksheet		

SF-424B Assurances for Non-Construction Programs			
SF-424D Assurances for Construction Programs			
Submit CoCBuils Application	11/20/2024	CSB submits Application electronically via grants.gov	
CoCBuils Application due	11/21/2024	Final deadline for CoCBuils Application	

HUD CoC Builds NOFO Scoring Tool
OH-503 Columbus and Franklin County, OH
Project Ratings

Partner Agency: _____
Project Name: _____
Total Score: _____

Maximum Award Amount: 7,500,000.00
Total Request: - Development Cost
Number of units: _____
Cost per unit: #DIV/0! Total cost/unit #DIV/0!
Number of homeless units: _____

Proposed Request	Amount	Percentage
acquisition		#DIV/0!
rehabilitation		#DIV/0!
new construction		#DIV/0!
project-based rental assistance		#DIV/0!
supportive services		
operating		
administration		#DIV/0!
match		#DIV/0!

no more than 20% of the total funds

no more than 10% of capital costs + additional eligible costs

25% required

Maximum/Actual Points	116	-
Local Rating Factor	Available Points	Project Points
# of homeless dedicated units	3	
Development cost per unit	4	
Adaptive reuse and conversion of hotels per HUD recommendation	2	
Citizens Advisory Council	7	
Total	16	-

1-50 - 1 point; 51-100 - 2 points; 101-150 - 3 points

0-\$100k- 4 points; \$101k-\$200k- 3 points; \$201k- \$300k-2 points; \$301k-\$400k - 1 point

2 points if adaptive reuse and conversion

HUD Rating Factor	Available Points	Project Points	Criteria	Notes
Development Experience and Leveraging	8		The organization has experience with at least 4 other projects that have a similar scope and scale as the proposed project.	
Development Experience and Leveraging	8		The organization has experience leveraging resources substantially similar to the funds being proposed.	HUD will evaluate up to 3 examples of prior leveraging experience for up to the 5 largest (by dollar value being contributed to the project) resources being leveraged for the proposed project (e.g., LIHTC, HOME, CDBG, Section 108, Section 202, Section 311).
Development Experience and Leveraging	8		Availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project.	Consider the dollar value of each commitment and overall cost of the project, including estimated cost per unit on each site or housing type.
Managing Homeless Projects	8		The organization has experience managing at least 4 properties.	Must include experience with how the amount of rent charged is determined, how participant complaints are addressed, working with other service organizations that may place participants in units, and maintenance.
Managing Homeless Projects	3		The organization has experience providing supportive services.	Must include the type and frequency of supportive services that will be available and what organization will provide services.
Managing Homeless Projects	1		Transportation is provided for program participants.	Describe the transportation methods for participants to travel to doctor appointments, recreation, public services, shopping, other services, etc.
Implementation Schedule	4		Development schedule is complete and has all necessary elements.	The implementation schedule must include date construction will begin or date property will be acquired or dates rehabilitation will begin and end. It also must include the schedule for site control; environmental review completion; execution of grant agreement; start and completion dates;
Implementation Schedule	4		Likelihood that development milestones will be met.	
Implementation Schedule	4		Likelihood that the project will be ready for occupancy within 36 months of award.	
Property Maintenance	5		How the organization will ensure the property is maintained annually to prevent unnecessary costly repairs.	Include how the property will be maintained and how needed repairs will be conducted. Identify the sources of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair. Demonstrate how the project will be able to cover replacement costs and what the sources of funding will be.

Unmet Housing Need	7		Describe the population that will be served and the level of unmet need for new PSH units. [CSB response]	Using PIT and HIC information, estimate the gap between the number of available PSH units and number of households experiencing homelessness where at least one member has a disability. Award maximum points for applicants that demonstrate there are fewer than 50 PSH beds available in a given year for each 100 people in the population proposed to be served.
Management of Rental Housing	10		Describe the rental housing projects the organization has managed, including the number of grants for affordable housing awarded over the last 3 years, total amount of awards, and the type of subsidy or financing provided. Specify the number of assisted and non-assisted units in each property.	Award maximum points for adequately describing management of at least 4 times the number of properties and units proposed in the application.
Coordinated Entry	3		Demonstrate how the project will use the CoC's coordinated entry process.	
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5		Demonstrate the project is leveraging non-CoC funded housing resources to provide at least 50% of the amount being requested in the application OR demonstrate the project is leveraging non-CoC funded housing resources to provide subsidies for at least 25% of the units proposed in the application.	Attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided.
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5		Demonstrate a healthcare organization, housing provider, and/or social service provider is providing access to housing resources OR demonstrate that the value of assistance provided is at least \$7,500 per unit.	Attach formal written agreements that include the value of the commitment and dates the housing and resources will be provided. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.
Experience Promoting Racial Equity	8		Describe the organization's experience promoting racial equity.	Include experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects. Include experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services. Include experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.
Community Integration for Persons with Disabilities	7		Demonstrate how PSH will enable participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community.	The response should include how the PSH units will ensure non-segregation of households experiencing homelessness where at least one household member has a disability. The response should include state whether the PSH units will be part of mixed-use development, meaning households that will reside in the units are not all disabled.
Section 3 Requirement	2		Describe the actions that will be taken to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.	This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities pursuant to Section 3 that result from their receipt of other HUD funding.
Total	100	-		

Permanent Supportive Housing

CoCBuilds NOFO Concept Paper

1. Agency and Project Information	
Project Title: Deer Hill Place	
Lead Organization (project sponsor): Community Housing Network	
Mailing Address: 1680 Watermark Drive, Columbus OH 43215	
Contact person: Ryan Cassell	
Telephone: (614) 487-6782 Fax: (614) 487-0405 E-Mail: rcassell@chninc.org	
If you are submitting a project on behalf of a group of agencies/organizations, list any agencies you intend to propose as sub-recipients or subcontractors.	
2. Authorization	
<i>Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the Continuum of Care (CoC) Builds (hud.gov) Notice of Funding Availability.</i>	
Lead Organization: Community Housing Network	Date: 9/20/2024
Authorized Signature:	
Name/Title: Samantha Shuler, Chief Executive Officer	
Co-Applicant Organization:	Date:
Authorized Signature:	
Name/Title:	
Co-Applicant Organization:	Date:
Authorized Signature:	
Name/Title:	

3. Description & Experience of Applicant Organization(s)

Answer each of the questions below. Answer the questions for all agencies involved in the project.

A) Are you an incorporated non-profit organization and have you received IRS 501(c)3 status?	Yes X	No
B) How many years has the lead agency been in existence?	37	
C) If there are other agencies involved with the project, how many years has each of them been in existence?	NA	
D) List the agency's total annual budget for the current fiscal year.	\$11,857,632	
E) What is the proposed site's address? Approximately at 3255 Morse Road, Columbus, OH 43231, PID: 010-318698		
F) Do you have site control?	Yes X	No

If you are not currently providing housing for formerly homeless individuals, address the following questions.

G) Describe the agency's mission and purpose and explain how the proposed project is consistent with the agency's mission.
H) Describe the agency's principal programs and services.
I) Describe the number and type of staff the agency employs.
J) Describe the agency's experience providing services for the target population or other special needs populations.
K) Describe the agency's experience providing housing for the target population or other special needs populations.
L) Describe the agency's experience working with neighbors of other developments.
M) List the agency's key accomplishments from the past three years.

4. Proposed Housing Model

Check the box(es) that matches the type of housing for which you are seeking funding.

<input type="checkbox"/>	Multiple Buildings, Single Site
<input checked="" type="checkbox"/>	Single Building

<input checked="" type="checkbox"/>	Permanent Supportive Housing (PSH)
<input type="checkbox"/>	PSH through hotel/motel conversion
<input type="checkbox"/>	PSH through other conversion
<input type="checkbox"/>	PSH through modal/modular building

Describe the site and proposed model.

An affiliate of Community Housing Network, Inc., Deer Hill Place, LLC, owns the site. In June 2023, the site was rezoned with a parking variance to allow the development of a 60-unit four-story multifamily apartment building. The land is vacant, except for an unoccupied single-family dwelling that will be demolished, and is approximately 1.981 acres. The site is adjacent to Community Housing Network, Inc.'s Dogwood Glen, which Community Housing Network has operated as supportive housing for approximately 13 years.

The following favorable community facilities were found within two and a half miles of the site.

Within 1/2 mile:

- Convenience store (Circle K, Speedway)
- COTA Transit Stop (Route #34; bus stop approximately 500 feet from the site, frequent buses (every 15 minutes, 5 a.m. to 11 p.m. (M-F) and 5 a.m. to 10p.m. (Sat and Sun))
- Discount Store (Goodwill)
- Places of Worship (Sanctuary Columbus, All Nations Baptist)
- Gas Station

Within 1 mile:

- Grocery (Walmart Super Store)
- Pharmacy (CVS)
- Restaurant (Subway)
- Employment (Easton Town Center)
- Public Park (Partridge Park)

Within 2 ½ miles:

- Fire Station
- Police Station
- Public Library
- Post Office

The site is in Qualified Census Tract 39049007532.

Deer Hill Place will consist of 60 one-bedroom apartments in a four-story building. The site, building, and apartments will meet OHFA's minimum requirements for Permanent Supportive Housing, including:

1. Each unit will exceed 450 square feet.
2. Each bedroom will exceed 120 square feet.
3. Each bedroom will exceed 7 feet in each direction and contain a closet in addition to the minimum square footage.
4. Each unit will be visitable as defined by OHFA.
5. Each unit will meet HUD Fair Housing Act design guidelines.
6. Universal Design components will be incorporated throughout the building.
7. The entire building and outdoor amenities will be accessible.

Onsite amenities at Deer Hill Place will include:

- Property Wide Wi-Fi at no cost to residents
- 400 sq ft outdoor patio with at least 50% covered
- Community Room with full kitchen
- Exercise Room
- Security office (24-hour front desk)
- Bike room and outdoor bike rack
- Elevator
- Off-street parking
- Laundry rooms
- Case Management offices
- Property Manager's Office
- Computer space

Community Housing Network (CHN) will provide overall program management, person-centered property management, and housing services. Comprehensive management will include program operation, administration of subsidies, securing community partnerships, maintenance, housing facilitation, and eviction prevention. CHN will subcontract with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff works with CHN and partner staff to intervene during periods of a crisis, placing a resident at imminent risk of losing housing. People entering the building engage with the front desk staff. An interior and exterior camera system is monitored to ensure the safety of residents. Front desk services help strengthen housing retention for residents.

Living at Deer Hill Place allows residents to engage in onsite support services to help them overcome obstacles, sustain wellness, and achieve their aspirations—with equitable opportunities to enjoy dignified, productive, and purposeful lives. CHN will have an annual renewable contract with Concord Counseling Services (CCS) to provide onsite supportive services. CCS will provide residents with services, including ongoing assessments, case management, access to psychiatric services, referral to medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. CCS has a proven track record of successful billing and utilization of Medicaid, Medicare, and third-party payers.

5. Type of Development

Check the box(es) that best describes the type of development you are proposing.

- | | |
|--|---|
| <input checked="checked" type="checkbox"/> | Construction of a new building |
| <input type="checkbox"/> | Rehabilitation of an existing building |
| <input type="checkbox"/> | Acquisition of an existing building (adaptive reuse and conversion) |

6. Development Experience and Leveraging

- A. Do you have development experience with at least 4 other projects that have similar scope and scale as the proposed project? Describe below each of the projects you have experience with as a developer.

Community Housing Network (CHN) has successfully developed and managed new construction communities and rehabilitated properties to create permanent supportive housing for families and individuals. More specifically, since its formation in 1987, CHN has developed 14 new construction properties with 703 units and rehabilitated 538 units in 8 properties.

The following is information on four properties CHN feels are comparable to the proposed Deer Hill Place:

1. Terrace Place

Terrace Place offers safe, permanent, supportive housing to individuals who struggle with homelessness, mental illness and/or addiction. The project contains 60 one-bedroom units. Located just south of the Ohio State University's main campus, this development provides housing to 47 households meeting HUD's homeless definition and 13 households who have a mental health disability. Community Housing Network is the developer, owner, and property manager of this supportive housing. Funding the development involved public and private resources that included LIHTC equity (\$8,395,198), City (\$250,000) & County HOME (\$250,000), HUD SHP (\$300,000), and FHLB AHP (\$600,000). All units are rent-subsidized by project-based Section 8 Housing Choice Vouchers and are affordable to persons earning 30% AMI or less. Terrace Place opened in 2016.

2. Parsons Place

Since 2020, Parsons Place Apartments has provided sixty-two (62) one-bedroom units of permanent supportive housing to individuals who struggle with homelessness, mental illness, and/or addiction in Columbus and Franklin County. The project replaced CHN's Parsons Avenue Apartments project, and all its 25 residents moved from Parsons Avenue Apartments to Parsons Place upon completion. The project also added 37 new apartments to the community's supportive housing stock. Both former Parsons Avenue Apartment residents and new residents enjoy significant common areas and updated service space at Parsons Place. All 62 Parsons Place units are specifically designated for chronically homeless men and women who are disabled by mental illness, substance addiction, dual diagnosis or physical disability. These individuals have been unable to maintain permanent

housing, primarily due to significant addiction issues, which may be complicated by mental illness.

Community Housing Network, Inc. developed and owns Parsons Place. Parsons Place is a three-story structure with community gathering space and offices for supportive service provision. All units are furnished. The site is near bus stops, groceries, community-based services, shopping, and employment opportunities. Parsons Place has 24-hour front desk staffing and onsite supportive services. To create Parsons Place, CHN accessed critical financing, including: LIHTC equity (\$8,347,296), City (\$800,000) & County (\$500,000) HOME, State Housing Trust Funds (\$750,000), and FHLB AHP (\$1,000,000). Additionally, the project is supported operationally by Project Based Section 8 for all 62 units.

CHN provides overall management of the program, person-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach. Tenants are linked to supportive services including, but not limited to, ongoing assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. CHN contracts with Concord Counseling Services (CCS), a community-based behavioral health organization, to provide accredited supportive services at the facility. CHN staff are working closely with the service provider to ensure that it serves the tenants' needs. Additionally, CHN subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program, by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents are also referred to other agencies for medical/dental health needs, material needs, legal assistance, and other needs.

3. Creekside Place

Creekside Place provides sixty-three (63) one-bedroom units of permanent supportive housing prioritized for individuals who meet the State of Ohio's Permanent Supportive Housing Policy Framework at 500 North Nelson Road, near the Eastgate neighborhood of Columbus. Of the sixty-three units, forty (40) units are prioritized for individuals who have a severe mental health diagnosis, and the remaining units meet the HUD definition of chronic homelessness. The target population of Creekside Place are men and women who are disabled by mental illness, substance addiction, dual diagnosis, and/or a physical disability and, in some cases, have histories of homelessness. These individuals have been unable to maintain permanent housing, primarily due to significant addiction issues, which may be complicated by mental illness.

Community Housing Network, Inc. developed and owns Creekside Place. CHN opened Creekside in 2021 and provides overall management of the program, tenant-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

Creekside Place has 24-hour front desk staffing and onsite supportive services. Residents are linked to supportive services by a subcontracted service partner, National Church Residences Behavioral Health Services (NCRBHS), which provides accredited supportive services onsite. NCRBHS provides residents with services that include, but are not limited to, on-going assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling and substance abuse treatment. NCRBHS has a proven track record of successful Medicaid billing and utilization.

CHN also subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents are also referred to other agencies for medical/dental health needs, material needs, legal assistance, and other needs.

Creekside Place's 63 one-bedroom units are in a single structure that includes community gathering spaces and offices for supportive service provision. All units are furnished and are close to bus stops, groceries, community-based services, shopping, and employment opportunities. Funding used to create Creekside Place includes LIHTC equity (\$8,895,179), City (\$2,000,000) & County HOME (\$250,000), State Housing Trust Funds (\$300,000), OMHAS/ADAMH Board of Franklin County (\$650,000), and FHLB AHP (\$1,000,000). A project-based Section 8 Housing Assistance Program contract is in place at Creekside, and it allows residents of all units to reduce their rental payment to 30% of their incomes.

4. Touchstone Field Place

Touchstone Field Place opened in 2022 and provides fifty-six (56) one-bedroom units of permanent supportive housing prioritized for individuals who meet the State of Ohio's Permanent Supportive Housing Policy Framework. Specifically, all fifty-six units prioritize individuals who meet the HUD definition of chronic homelessness. The property is located at 2565 Lockbourne Road, on the south side of Columbus.

Community Housing Network, Inc. provides overall program management, tenant-centered property management, and housing services. Comprehensive management includes program operation, subsidy administration, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

Touchstone Field Place comprises 56 one-bedroom units in a single structure that includes community gathering spaces and offices for supportive service provision. All units are furnished and close to bus stops, groceries, community-based services, shopping, and employment opportunities. CHN developed Touchstone Field Place with a blend of public and private financing that included: LIHTC equity (\$9,502,837), City (\$1,500,000) & County (\$250,000) HOME, State Housing Trust Funds (\$300,000), and FHLB AHP (\$1,000,000). Additionally, tenants receive a rent subsidy in the form of project-based Section 8 Housing Choice Vouchers from the Columbus Metropolitan Housing Authority.

CHN owns and operates Touchstone Field Place. The property management team uses a blended management approach in conjunction with 24-hour front desk staffing and onsite supportive services. Residents are linked to supportive services by a subcontracted service partner, the Young Men's Christian Association (YMCA) of Central Ohio. The YMCA

provides accredited supportive services at Touchstone Field Place that include, but are not limited to, ongoing assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. YMCA has a proven track record of successful Medicaid billing and utilization. CHN also subcontracts with the YMCA to provide 24/7 front desk coverage. Front desk staff orient tenants about participating in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution. Residents are referred to other agencies for medical/dental health, material, legal, and other needs.

B. Do you have experience leveraging resources similar to the funds being proposed in the current project with at least 3 other projects that have similar scope and scale as the proposed project? (similar resources: LIHTC, HOME, CDBG, Section 108, Section 202, Section 811). Describe below each of the projects you have experience with as a developer and describe in detail up to 5 resources being leveraged for each project, by dollar value being contributed to the project in descending order.

1. Parsons Place

Community Housing Network, Inc. developed Parsons Place, a three-story supportive housing property with 62 one-bedroom apartments utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- \$8,347,296: Rent and occupancy limited to 30% AMI for 19 units and 50% AMI for 43 units (30 years).
- Federal Home Loan Bank of Cincinnati (FHLB) Affordable Housing Program (AHP)- \$1,000,000: Rent and occupancy limited to 50% AMI for 62 units (15 years).
- City HOME Program- \$800,000: 10 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 20 years.
- Ohio HOME- \$750,000: 25 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 30 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 62 units.

2. Creekside Place

Funding used by CHN build Creekside Place, a 63-unit supportive housing development, included:

- LIHTC equity- \$8,895,179: Rent and occupancy limited to 30% AMI for 38 units and 50% AMI for 25 units (30 years).
- City of Columbus HOME- \$2,000,000: 10 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 20 years.
- FHLB AHP- \$1,000,000: Rent and occupancy limited to 50% AMI for 63 units (15 years).
- Alcohol, Drugs and Mental Health (ADAMH) Board of Franklin County- \$650,000: Use the facility as permanent supportive housing.
- Ohio HOME- \$300,000: 26 units occupancy limited to 30% AMI and rent limit to 50% AMI.

Additionally, the project is supported operationally by Project Based Section 8 for all 63 units.

3. Touchstone Field Place

Touchstone Field Place, a 56-unit supportive housing property, was developed by CHN with a blend of public and private financing that included:

- LIHTC equity- \$9,502,837: Rent and occupancy limited to 30% AMI for 14 units and 50% AMI for 42 units (30 years).
- City of Columbus Housing Preservation Bond- \$1,000,000: Create a 56-unit apartment building.
- FHLB AHP- \$1,000,000: 56 units at 50% AMI Rent and Occupancy for 15 years.
- City of Columbus HOME: - \$500,000: 3 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 20 years.
- Ohio State Housing Trust Funds through Ohio Housing Finance Agency's Housing Development Assistance Program (HDAP)- \$300,000: 23 units occupancy limited to 50% AMI and rent limit to 50% AMI.

Additionally, the project is supported operationally by Project Based Section 8 for all 56 units.

Low Income Housing Tax Credits

Community Housing Network, Inc. has extensive experience securing financial resources needed to develop projects similar to what is proposed for Deer Hill Place including Federal Low-Income Housing Tax Credits. From 2013 to 2023, CHN has developed both new construction and rehabilitation projects totaling 15 projects using LIHTC. When focusing on just the new construction projects that opened since 2013, CHN has received approximately \$70,608,090 from LIHTC syndication to develop these 10 supportive housing projects placed in service between 2013 and 2024. This experience includes both competitive 9% LIHTC and non-competitive 4% LIHTC.

HOME Program Funding

CHN has been fortunate to be supported by the City of Columbus and Franklin County with HOME Program funding from both these participating jurisdictions. CHN has utilized City HOME Program funds or Bond Program (\$7,550,000) and County HOME Program (\$2,292,647) on 10 projects it developed between 2013 and 2024.

Federal Home Loan Bank of Cincinnati

The Federal Home Loan Bank of Cincinnati has an Affordable Housing Program (AHP), and since 2013, CHN has received \$8,050,000 to help it develop nine projects in Ohio. Community Housing Network has a long-standing partnership with Huntington National Bank, which has been the member bank applicant on all nine projects.

Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County Capital Funding

The ADAMH Board funds Capital Building projects with the funds raised through its County Levy. This funding is available intermittently.

Ohio State Housing Trust Fund

The Ohio Department of Development and the Ohio Housing Finance Agency receive state of Ohio funding from the State Housing Trust Fund. The source of the State Housing Trust Fund is a recording fee assessed by County recorders on all recorded documents in the state of Ohio. The State Housing Trust Fund is used by Ohio to fund multiple programs, including OHFA's Housing Development Assistance Program (HDAP).

- C. Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the

proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), provide cost per unit information on each housing type to the extent possible.

Community Housing Network, Inc. proposes creating \$8,167,795 of tax credit equity by utilizing non-competitive 4% low-income housing tax credits (LIHTC), which are available to projects that have secured commitments from all other sources of funding. The remaining sources of funding include a \$1,500,000 FHLB of Cincinnati Affordable Housing Program grant (applied for in June 2024) and \$2,000,000 from the City of Columbus HOME (to be applied for in January 2025), which are competitive. Community Housing Network has a good history of accessing these resources and is confident it can secure this funding. An additional contribution of \$4,000 will come from Huntington National Bank (\$2,000) and Community Housing Network (\$2,000). Finally, Community Housing Network will defer as much as \$980,587 of its Developer Fee if resources are not available to fully pay the Developer Fee.

Due to the timing of this application, Community Housing Network does not have any of the above funding sources committed. However, Community Housing Network has experience with all these sources and is confident that if we receive a CoC Build! Award, we would be able to secure the funding described above.

The Columbus Metropolitan Housing Authority has provided a conditional commitment of project-based rental assistance to the Community Housing Network to develop Deer Hill Place. A letter evidencing this conditional commitment is attached.

Community Housing Network, Inc. estimates that the total development costs for Deer Hill Place be \$20,152,382 or \$335,873 per unit. Using broad categories of expenses, CHN summarizes the development costs as follows:

Category	Amount	Amount / Unit
Land Acquisition	\$ 776,809	\$ 12,947
Professional Expenses	\$ 965,890	\$ 16,098
Construction Costs	\$ 14,166,510	\$ 236,108
Developer Fee	\$ 2,460,000	\$ 41,000
Financial Expenses	\$ 1,402,173	\$ 23,370
Operating Reserve	\$ 381,000	\$ 6,350
Total	\$ 20,152,382	\$ 335,873

The table below shows the total number of proposed units in the project, how many will be designated for people experiencing homelessness, how many will be supported with Columbus Metropolitan Housing Authority (CMHA) vouchers, and how many will be designated for other populations, if applicable.

Total Units (#)	60
Homeless Units (#)	48
Non-Homeless Units (#)	12
CMHA voucher units (#)	60

CMHA voucher units (%)	100
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D. If there are current properties under construction or rehabilitation where CoCBuils funds could be used to obtain units, provide:

- the amount and type of funds being used to construct the property;
- evidence of site control;
- evidence of completed and approved environmental review;
- identify the owner of the property and their experience with constructing or rehabilitation; and
- the number of units that will be finished using CoCBuils funds.

Community Housing Network is not aware of properties under construction where funds could be used to obtain units. We can demonstrate that Community Housing Network has firm ownership of the land. The property, located at approximately 3255 Morse Road, Columbus, OH 43231, is in Community Housing Network's control, as it is owned by Deer Hill Place, LLC. Deer Hill Place, LLC has been created by CHN's attorney to be the LIHTC owner of Deer Hill Place. The Operating Agreement for Deer Hill Place, LLC is also included as an attachment.

7. Managing Homeless Projects.

A. Do you have experience administering at least 4 other projects for individuals and families experiencing homelessness where one member of the household has a disability?

Community Housing Network has experience managing more than four (4) projects for individuals and families experiencing homelessness where one member of the household has a disability.

1. Terrace Place

Terrace Place offers safe, permanent, supportive housing to individuals who struggle with homelessness, mental illness and/or addiction. The project contains 60 one-bedroom units. Located at 81 E. Ninth Avenue, this development provides housing to 47 households meeting HUD's homeless definition and 13 households who have a mental health disability. Community Housing Network is the developer, owner, and property manager of this supportive housing. All units are rent subsidized by project-based Section 8 Housing Choice Vouchers and affordable to persons earning 30% AMI or less. Terrace Place opened in 2016.

2. Parsons Place

Since 2020, Parsons Place Apartments provides sixty-two (62) one-bedroom units of permanent supportive housing to individuals who struggle with homelessness, mental illness and/or addiction in Columbus and Franklin County. All 62 Parsons Place units are specifically designated for chronically homeless men and women who are disabled by mental illness, substance addiction, dual diagnosis and physical disability. These individuals have been unable to maintain permanent housing, primarily due to significant addiction issues, which may be complicated by mental illness.

CHN provides overall management of the program, person-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach. Tenants are linked to supportive services including, but not limited to, ongoing assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. CHN contracts with community-based behavioral health organizations to provide accredited supportive services at the facility. CHN subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents can also be referred to other agencies for medical/dental health needs, material needs, legal assistance, and other needs.

3. Creekside Place

Creekside Place provides sixty-three (63) one-bedroom units of permanent supportive housing. Of the sixty-three units, forty (40) units are prioritized for individuals who have a severe mental health diagnosis, and the remaining 23 units are for individuals who meet the HUD definition of chronic homelessness. The target population of Creekside Place is men and women who are disabled by mental illness, substance addiction, dual diagnosis, and/or a physical disability and, in some cases, are homeless or at risk of homelessness. These individuals have been unable to maintain permanent housing, primarily due to significant addiction issues, which may be complicated by mental illness.

Community Housing Network, Inc. developed and owns Creekside Place. CHN opened Creekside in 2021 and provides overall management of the program, tenant-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

Creekside Place has 24-hour front desk staffing and onsite supportive services. Tenants are linked to supportive services by a subcontracted service partner. CHN also subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program, by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents also be referred to other agencies for medical/dental health needs, material needs, legal assistance and other needs.

4. Touchstone Field Place

Touchstone Field Place opened in 2022 and provides fifty-six (56) one-bedroom units of permanent supportive housing. All fifty-six units prioritize individuals who meet the HUD definition of chronic homelessness. The target population of Touchstone Field Place is men and women who are homeless and are disabled by mental illness, substance addiction, dual diagnosis, and/or a physical disability.

Community Housing Network, Inc. provides overall program management, tenant-centered property management, and housing services. Comprehensive management includes program operation, administration of subsidies, community relations, maintenance and security,

facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

CHN owns and operates Touchstone Field Place. The property management team uses a blended management approach with 24-hour front desk staffing and onsite supportive services. Tenants are linked to supportive services by a subcontracted service partner, the Young Men's Christian Association (YMCA) of Central Ohio. CHN also subcontracts with the YMCA to provide 24/7 front desk coverage. Front desk staff orient tenants about participating in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution. Residents can also be referred to other agencies for medical/dental health, material, legal, and other needs.

- B. Describe how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties.

Rent

A combination of factors determines the rent. Based on bedroom size, CHN evaluates: 1) the market rent by hiring a 3rd Party Market Analyst, 2) the published Small FMR, 3) the Housing Authority's Payment Standard, 4) HOME rents, 5) LIHTC restrictions, 6) Utility Allowance information all with unit type and bedroom number in mind and 7) the property's location and whether it is in a Qualified Census Tract.

All CHN's units are rent-subsidized, so the regulations related to rent must be considered when estimating the rent for a property (for example, Subpart G—Rent to Owner, Sections 983.301-304 of 24 CFR Part 983 is a good reference for determining the projected rent of a Project-Based Voucher Program). With the above information in hand, CHN can determine the likely rent for the property. However, the final rent may not be determined until the Housing Assistance Payment Contract with the Public Housing Authority has been executed.

Participant Complaints

Residents may choose to provide complaints by communicating the problem and concerns to the property manager or their case manager, within a Resident Council, or in writing. The property manager may request a meeting with the resident to clarify the concern or in hopes of resolving the issue. Should the resident desire a more formal or private process, they can follow CHN's Tenants Rights & Grievance Procedure process. The grievance procedure is provided to tenants annually, on request, and at lease signing. Once a formal grievance is filed, the complaint is provided to CHN's Tenant Rights Officer, who ensures that the grievance is heard, and the procedure is followed. Should a tenant not be satisfied with the response of the Tenant Rights Officer, they may appeal to the CHN Grievance Committee. Should the tenant remain unsatisfied, the appeal process could proceed to outside entities such as the Continuum of Care or the Franklin County ADAMH Board.

Referral System

All resident referrals for Deer Hill Place come from the Unified Supportive Housing System (USHS), Franklin County's coordinated entry system. When Deer Hill has a vacancy, the

USHS will refer the highest priority client to CHN to begin the housing application process. CHN will work with the community organization servicing the client to house them.

Maintenance

As property manager, Community Housing Network has maintenance staff to provide basic and preventative maintenance services. A maintenance technician assigned to the project conducts maintenance, including inspections, routine maintenance, and repairs. Maintenance Technicians report to the Maintenance Director, and CHN employs both positions. Additionally, CHN's maintenance department has two positions: preventative maintenance technician and maintenance quality specialist, whose role is to ensure the quality of maintenance provided at CHN's managed buildings. When the maintenance technician does not have the required skills to facilitate the necessary repairs, they can work through CHN's procurement procedures to hire the appropriate expertise.

- C. Describe the supportive services the project directly provide to address the target population's needs. What is the anticipated caseload ratio? Type and frequency of supportive services that be available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for full list of CoC Program eligible supportive services. State whether your organization or another organization provide supportive services. If other organizations provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization provide direct supportive services with CoCBuils funds, you must include a Supportive Services Budget.

Deer Hill Place features sixty (60) one-bedroom units of permanent supportive housing. All participants will be disabled men and women. Of the 60 units, 48 are specifically targeted to people who meet HUD's definition of chronic homelessness. The remaining 12 units are intended to house high-priority individuals who have mental health disabilities and are homeless or at risk of homelessness.

CHN operates all its PSH units with a Housing First approach, utilizing Harm Reduction and other evidence-based practices to ensure residents maintain stable, permanent housing. We create opportunities for success by providing residents with support tailored toward their specific housing barriers. By building a network of services and partners to address every need, we provide a safety net that empowers residents to move forward while creating a sense of belonging and community.

CHN implements a blended management approach where all partners and staff have a shared commitment and coordinated communication to provide equitable opportunities and support, assisting residents with stable housing and well-being. Residents can access ongoing assessments, goal planning, case management, life skills classes, linkage to benefits, medication monitoring, individual/group counseling, substance abuse treatment, employment readiness training, and community service partners such as the Mid-Ohio Food Bank produce market by working with onsite service providers employed by Concord Counseling Services. Residents are encouraged and often connected to ADAMH-funded service providers for more specialized care. Aryes Staffing provides 24-hour front desk and crisis intervention services, assisting with ongoing services.

Concord Counseling Services (Concord or CCS) is a distinguished organization with a 20-year track record of delivering high-quality, accessible, and evidence-based services to residents in Community Housing Network's PSH and Service Enriched housing sites and services for older adults. Founded in 1972, CCS is a 501(c)(3) entity with over 50 years of experience effectively utilizing various federal funds. Concord is located at 700 Brooksedge Blvd., Westerville, Ohio 43081 (<https://concordcounseling.org/>) and is led by Linda Jakes, Executive Director, lindajakes@concordcounseling.org and Mike Preston, Director of Clinical Operations mikepreston@concordcounseling.org.

CCS is accredited by the International Commission on Accreditation of Rehabilitation Facilities (CARF) in multiple areas, including Case Management/Service Coordination, Integrated SUD/Mental Health Outpatient Treatment for Adults, Children, and Adolescents, Prevention Services, and Job Development & Community Employment Services. Furthermore, CCS holds a full Behavioral Health Certification by the Ohio Mental Health and Addiction Services (OHMAS) to provide an array of services such as Employment Services, Community Psychiatric Supportive Treatment (CPST) Services, Therapeutic Behavioral Services and Psychosocial Rehabilitation, Consultation, Prevention, General, Crisis Intervention, and Substance Use Disorder (SUD) Case Management Services.

CCS employs a dynamic, flexible treatment team approach to client care and problem-solving, offering holistic plans that address a spectrum of needs. Their client-led interventions are based on the stages of change model, fostering strong relationships and frequent resident contacts to ensure beneficial services. Staff collaborate closely with clients to design and implement tailored plans and strategies, with regular assessments and reviews. Residents also engage in annual housing assessments, goal planning, and standardized assessments such as the Outcome Questionnaire (OQ) and Recovery Assessment Scale (RAS).

The site will be staffed with two service coordinators and visiting professionals in psychiatric, therapeutic, medical, and vocational services with Concord Counseling Services. Concord coordination includes linkage to other supports both within CCS and other agencies. All staff are Qualified Mental Health Specialists with backgrounds in social services. They are required to complete ongoing training in clinical skills (stages of change, motivational interviewing, trauma-informed interventions, and de-escalation techniques) and skills specific to the population with which they work. All staff are well-versed in harm reduction strategies and work to buttress support around clients as they move toward or through substance use treatment. Service Coordinators work with therapists to host alcohol or drug treatment groups and other agencies for Narcan training and information onsite or support residents through inpatient or residential treatment as needed. Service Coordinators have weekly clinical supervision, and additional clinical support is available on-call as necessary.

Concord provides onsite access to individual vocational support, including job coaching and development, funds for transportation, training, and any ancillary needs. Concord encourages residents to participate in Pathway Clubhouse and 1221 Art Space for early vocational training and activities. A psychiatric nurse is available several times monthly for ongoing, preventative healthcare and physical and psychoeducation. Service Coordinators provide necessary transportation for individual residents and link them to medical transportation and discounted COTA service.

When the tenant is ready for move-up/move-on, continuity of care will be provided if desired. The Case Manager will remain linked with the resident through the move-out, the transition to the new housing placement, and then as an ongoing community support provider. In addition, Concord is in the early stages of developing a Peer Support program with plans to use Peer Support staff onsite to supplement and enhance service delivery.

Type of Service	Provider	Frequency	Offered onsite (yes or no)
a) Assessment of service needs	Concord Counseling Services	Weekly	Yes
b) Case Management	Concord Counseling Services	Weekly	Yes
c) Education Services	Community-based provider	As needed	Yes
d) Employment Assistance and job training	Concord Counseling Services	Weekly	Yes
e) Housing Search and Counseling Services	CHN Service Coordinator; Concord Counseling Services	Weekly	Yes
f) Legal Services	Community-based provider	As needed	No
g) Life Skills Training	Concord Counseling Services	Weekly	Yes

Deer Hill Place Staff/Client Ratio

Concord Counseling Services (CCS) anticipated staffing plan: Service Coordinator 2.0 FTE, Clinical Service Coordinator .33 FTE, Outreach RN .20 FTE, SUD Therapist .08 FTE, Psychiatrist .01 FTE, Vocational .18 FTE, Manager PSH .15 FTE, Director of Clinical Operations .01 FTE, and Manager of SUD .08 FTE. Mental Health Services will be offered through a Clinical Service Coordinator with 0.33 FTEs, and a trained Case Manager provide Substance Abuse Treatment with 0.2 FTEs. CHN and its service partners meet regularly to review progress and coordinate services.

- Direct Service staff work directly with clients to meet goals (case managers, case aides, engagement specialists, client advocates, front desk staff, etc.).
- Operations staff work indirectly with clients to meet goals (administrators, maintenance, finance, etc.).

Services		Operating	
<u># of Staff</u>	<u>FTEs</u>	<u># of Staff</u>	<u>FTEs</u>

First Shift	5	3.27	2	.65
Second Shift	1	.80	1	.80
Third Shift	1	.80	1	.80
	7	4.87	4	2.25

Client Ratio: To effectively support 60 residents, there will be a 1:30 ratio of service coordinators, with two FTE coordinators ensuring person-centered care. Other service professionals will be integrated into the support system as needed. Regular meetings will facilitate communication about resident needs, while shared assessment tools and thorough documentation will maintain continuity of care.

- D. Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.

Concord provides transportation funds for individual residents, access to medical transportation, and discounted Central Ohio Transportation Authority (COTA) service. A COTA bus stop is within walking distance (approximately 500 feet). The stop is for Route #34, which operates frequently, with a bus every 15 minutes between 5 a.m. to 11 p.m. (M-F) and 5 a.m. to 10 p.m. (Sat and Sun). Discount stores and grocery stores are within walking distance.

- E. Describe how the provision of services will be equitable in access to services and how outcomes will be analyzed to ensure equity.

CHN prioritizes cultural competency, offering inclusive services tailored to diverse backgrounds. Through annual training, staff address implicit bias and promote equity. Language assistance ensures equal access for those with limited English proficiency. Collaboration with the Franklin County ADAMH Board and community partners ensures comprehensive support for addiction and mental health needs. CHN's commitment lies in providing a welcoming environment and effective services for all individuals, regardless of background or identity.

Monthly tracking of demographic data helps identify disparities in service utilization among different population groups. Biannual assessments and annual surveys gather resident feedback to evaluate satisfaction and identify areas for improvement. CHN also engages with residents during monthly visits with service coordinators and conducts formal interviews with a subset of residents twice a year to gain deeper insights into the experiences of diverse communities. In cases of service underutilization, CHN proactively reaches out to system funders and referral partners to ensure the broad range of community services are accessible. By continually monitoring and evaluating outcomes through an equity lens, CHN adapts its services and interventions to better meet the needs of all individuals.

F. Describe how your organization adhere to operating a project that aligns with Housing First, low-barrier implementation, harm-reduction, and trauma-informed core principles.

CHN operates all its PSH units with a Housing First approach, utilizing Harm Reduction and other evidence-based practices to ensure residents maintain stable, permanent housing. CHN adheres to HUD regulations regarding voluntary participation in disability-related supportive services. Furthermore, CHN ensures that our partner service agencies comply with this practice when working with our properties. Language confirming this requirement is included in all Professional Service Agreements executed between CHN and its service partners. While disability-related supportive services are elective, CHN and its service partners routinely encourage engagement in voluntary services, linking tenants to service organizations with the capability to address emotional and behavioral issues that positively impact long-term housing retention.

CHN and Concord Counseling Services routinely encourage engagement in voluntary services, linking residents to services and organizations that can address emotional and behavioral issues that positively impact long-term housing retention. In accordance with HUD guidelines, participation in supportive services is not mandatory to maintain housing. We create opportunities for success by providing residents with support tailored toward their specific housing barriers. By building a network of services and partners to address every need, we make a safety net that empowers residents to move forward while creating a sense of belonging and community.

CHN implements a blended management approach where all partners and staff have a shared commitment and coordinated communication to provide equitable opportunities and support, assisting residents with stable housing and well-being. Residents can access ongoing assessments, goal planning, case management, life skills classes, linkage to benefits, medication monitoring, individual/group counseling, substance abuse treatment, employment readiness training, and community service partners such as the Mid-Ohio Food Bank produce market. Residents are encouraged and often connected to ADAMH-funded service providers for more specialized care. Aryes Staffing provides 24-hour front desk and crisis intervention services, assisting with ongoing services.

Service Coordinators assess residents' needs and risk factors before developing structured plans to ensure housing stability. Service Coordinators are versed in educational techniques to improve Activities of Daily Living skills and engage with residents using evidence-based practices. Staff can easily link residents with psychiatric, vocational, therapeutic, and medical services at Concord or other community agencies. Clinical staff provide the initial contact point for various external, mainstream social services. Service Coordinators, trained in Motivational Interviewing and Harm Reduction techniques, are experienced in working with residents to develop strategies for safe use and connecting residents to outpatient and more intensive AOD treatment providers. Residents have linkage to various educational programs including GED, licensure-track trainings, and occupational rehabilitation supports. When residents cannot work, service Coordinators leverage their knowledge of Social Security Administration processes to guide claimants in obtaining benefits. Each resident receives individualized care, meeting them where they are and guiding them to the best possible outcome.

- G. Describe how program participants will be assisted to obtain the benefits of mainstream health, social, and employment programs (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

Onsite staff are the primary access to services for residents without case management. Service coordinators develop Individualized Housing Stabilization Plans (IHSP) for each resident upon move-in. These plans include identifying strategies to address barriers to stable housing, including access to benefits. Staff provides resident-focused services driven by resident needs and individual goals. Residents are referred to community resources and linked to ongoing treatment providers and eligible benefits such as SSI/SSDI Outreach, Access, and Recovery (SOAR) and the Ohio Senior Health Insurance Information Program (OSHIIP).

CHN addresses employment barriers through partnerships and refers residents to community resources for employment readiness and opportunities such as Ohio Means Jobs and Goodwill Columbus. The partnership with Dress for Success provides access to interviews and professional attire. Our supportive service partners offer employment resources to residents. National Church Residences operates the Right Track program, which includes an accelerated work readiness curriculum that moves participants to on-the-job training faster than traditional programs. Concord Counseling employs a vocational rehabilitation coordinator to work with residents who may require a more clinical approach to their employment barriers. Residents are regularly referred to Southeast Healthcare's Vocational Services and Project Work. Service coordinators refer residents to community educational and employment resources, including job fairs and Ohio Means Jobs. Residents are challenged with finding employment due to such barriers as education/skill levels, physical abilities, and lack of personal transportation.

- H. Describe how program participants will be assisted to obtain and remain in permanent housing (e.g., provides the participant with access to needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).

Community Housing Network, Inc. provides overall program management, person-centered property management, and housing services. Comprehensive management includes program operation, subsidy administration, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

CHN assists individuals with obtaining and retaining housing using evidence-based approaches associated with Permanent Supportive Housing and Housing First. These approaches are comprehensive, person-centered, and support additional layers of assistance.

a) **Comprehensive Property Management and Service Coordination**

- Blended Management Approach: The program adopts a collaborative model where property management and service staff work closely. This integrated approach ensures that residents receive consistent support tailored to their housing needs, promoting communication across all service providers and property managers.

- Access to Services: Participants can access a wide array of services tailored to their individual needs, such as case management, healthcare, substance abuse treatment, mental health services, and linkage to community resources. Case management assists residents with developing an Individualized Housing Stabilization Plan (IHSP) outlining goals and strategies for maintaining housing stability, linkage to resources, and addressing barriers such as mental health, substance abuse, or legal issues.
- Eviction Prevention: Proactive eviction prevention strategies are implemented, where property managers and service staff intervene early in cases of lease violations. Strict compliance notices and opportunities to correct issues are prioritized over immediate eviction notices. When residents face persistent issues, service coordinators step in to mediate and connect residents with community services like representative payee programs, mediation services, and mental health or addiction treatment. Eviction action is used only as a last resort.

b) Assessment and Individualized Housing Stabilization Plan (IHSP)

- Initial Assessment: At the program's start, participants undergo a comprehensive assessment to identify factors contributing to previous housing instability, such as mental health concerns, financial barriers, or lack of social support. The assessment includes domains like mental health, substance use, physical health, employment, legal issues, and daily living skills. Annually, residents receive a comprehensive assessment.
- IHSP Development and Monitoring: Based on the assessment, a personalized IHSP is created for each resident, focusing on housing stabilization goals, addressing specific barriers, and connecting residents with needed services. The IHSP is updated quarterly to reflect changes in the resident's situation, ensuring the plan remains relevant and effective over time. Staff engage with residents at least once a month to address needs and check on their well-being.

c) Support for Physical and Behavioral Health Needs

- Healthcare Coordination: Service staff link residents to primary care services upon entry into the program, ensuring that those with chronic or acute health issues receive ongoing medical support. Mobile health clinics and onsite services provide accessible healthcare, with additional support from specialized providers like nurse practitioners and mental health counselors for residents with chronic conditions.
- Mental Health and Substance Use Support: Participants with severe mental health or behavioral challenges are connected to onsite counselors and external treatment opportunities. Crisis intervention specialists are available to handle acute mental health needs and provide de-escalation and support services as necessary.

d) Safety and Trauma-Informed Design

- 24-Hour Front Desk and Crisis Intervention: Aryes Staffing provides round-the-clock front desk staffing for crisis intervention and monitors the safety of residents. Closed-circuit cameras allow staff to oversee activities in common areas and respond quickly to emergencies. The front desk staff also supports residents by enforcing breaks from outside friends and acquaintances detrimental to the residents' goal for housing stability by implementing house rules and restricted access procedures.

- Violence Against Women Act (VAWA) Protections: Residents experiencing domestic violence or other forms of abuse can access VAWA protections, which include safe transfers to other housing units within the Unified Supportive Housing System (USHS). These protections are emphasized during lease signings to ensure residents know their rights and resources. VAWA documentation is provided to all residents at lease signing.
- Trauma-Informed Environmental Design: The physical layout and design of the housing are informed by Trauma-Informed Design (TID) principles, which prioritize resident well-being by reducing environmental stressors and avoiding triggers associated with previous institutional settings. Features like homelike furnishings, individual control of heating and cooling, and calming color schemes help create a healing, supportive living environment. TID benefits residents in several ways:
 - Personalizing spaces with color, signage, and decor helps residents feel more at home and less institutionalized.
 - Individual environmental control: Residents control their apartment environment with individual air conditioning and heating equipment.
 - Homelike furnishings: The use of "faux wood" flooring, residential light fixtures, and upholstered furniture provides a homelike contrast to the institutional settings residents have experienced.
 - Welcoming lobby design: The entrance opens into a lobby with sight lines to the outdoors, providing security without the danger of triggering a confined feeling.
 - Varied social interaction spaces: Small seating areas throughout the building allow residents to choose their level of social interaction.
 - Calming colors and nature photography: Calming walls, furniture colors, and nature photography helps reduce environmental stress.

e) **Engagement and Community Building**

- Low-Demand Service Model: Recognizing that not all residents are ready to engage in intensive services, the program adopts a low-demand model where participation is voluntary, and services are designed to meet residents where they are. Feedback from residents is regularly collected through surveys and daily interactions with staff to ensure services align with their preferences and needs.
- Community Building and Socialization: This home environment promotes a sense of belonging and community through shared spaces and group activities. Social interaction is encouraged, with small seating areas throughout the building providing opportunities for informal gatherings and social events. Staff and partners facilitate group activities, such as skill-building workshops and health-related gatherings, to foster a supportive community.

f) **Advocacy Support:**

- Retention Support: Residents will be linked to case management to address housing retention. A collaborative approach between property management and service staff focuses on eviction prevention through early intervention strategies, such as offering compliance notices and working with residents to address lease violations. Residents are also supported in developing housing retention plans and are connected with resources like Legal Aid when necessary. Service staff assist residents in filing

- grievances and mediating disputes with property management, ensuring that residents' rights are protected.
- Housing Choice Vouchers as an Alternative: If a resident cannot meet lease obligations or sustain their housing, service staff advocate for a mutually agreed-upon exit plan, including obtaining a Housing Choice Voucher. This allows the resident to transition to another stable housing option without facing eviction.

g) Proactive Accessibility and Accommodations:

- Reasonable Accommodations: For residents with disabilities or physical health needs, staff ensure reasonable accommodations, such as installing durable medical equipment and modifying living spaces. CHN creates inclusive and comfortable living environments for individuals with diverse needs to support their housing stability.
- Deer Hill Place: Of the sixty units at Deer Hill Place, 6 units are designed to be fully accessible to persons who have mobility disabilities and/or sensory disabilities (mobility accessible units). The 6 mobility accessible units that are designated for people with mobility disabilities represents 10% of the total units at Deer Hill Place and this is double what is required (5% of units) by HUD. In addition to the six mobility accessible units, Deer Hill Place will have 2 additional units meeting requirements for people with hearing or visual disabilities (Sensory only units). These mobility accessible units and sensory only units are located on different floors and different locations in the building, where possible, to ensure persons with mobility and/or sensory disabilities are integrated into the housing without bias. Although six of the units will be specifically designated for individuals with mobility impairment, all of the apartments will include features that will enable residents of differing physical abilities to live comfortably. These components will include lever style handles on doors and faucets, rocker type light switches, adjustable height shower heads, loop handles on cabinets and extra task lighting in kitchen and bathroom. The vinyl plank flooring will be easy for residents to clean as will the laminate kitchen countertops which help residents maintain their housing. Sensory only units will be equipped with doorbells and strobe lights for smoke and fire alarms. The strobes are placed in the living area, bedroom, and bathroom so a hearing-impaired resident will be alerted to any emergency or a visitor.

h) Ongoing Training for Service Providers:

- Evidence-Based Practices: CHN and partner staff participate in annual training in evidence-based practices such as Trauma Informed Care, Motivational Interviewing, Harm Reduction, Crisis Intervention, Diversity, Equity, and Inclusion. These training programs aim to strengthen staff capacity to engage residents effectively and support them in maintaining housing stability.

8. Implementation Schedule.

A. Describe the general implementation timeline, including:

- i. Based on type of capital cost requested, provide:
- New Construction – date construction begin and end, and date property be available for move-in.
 - Acquisition – date property be acquired.

- Rehabilitation – dates rehabilitation of the property begin and end
- ii. Provide the proposed schedule for the following activities:
- Site control
 - Environmental review completion
 - Execution of grant agreement
 - Start date
 - Completion date
 - Occupancy Certificate date
 - Anticipated Move-in Date

The project must be ready for occupancy within 36 months of award.

Site Control for Deer Hill Place was established in the summer of 2023 when Community Housing Network purchased the site. CHN anticipates the following schedule for development of Deer Hill Place:

Site Control:	July 28, 2023
Receive Award of FHLB AHP:	November 2024
Apply for City of Columbus:	January 2025
Receive Award of CofC Build!:	February 2025
Execute Grant Agreement:	March 2025
Receive commitment of all non-LIHTC funding:	March 2025
Apply for 4% Tax Credits:	April 2025
Submit Request for Building Permit:	May 2025
Bid out Construction Work:	May 2025
Receive an award of Tax Credits:	June 2025
Complete HUD ER:	June 2025
Receive approval for Building Permits:	July 2025
Close all funding for Construction:	August 2025
Start Construction:	August 2025
Certificate of Occupancy:	October 2026
Complete Construction:	November 2026
Move-in begins:	November 2026
Move-in completed:	February 2027

9. Property Maintenance.

- A. Demonstrate how you ensure the property is maintained annually to prevent unnecessary costly repairs. Include how the property be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling). Identify the source of funds that be used and whether there be a reserve fund established specifically for the maintenance and repair of proposed units.

CHN has established structured policies for planning and selecting annual repair and replacement projects aimed at maintaining our properties effectively:

- **Preventative Work Orders:** CHN Maintenance has a list of items that must be done routinely to maintain our buildings appropriately. Items such as furnace filter replacement (monthly), sealing surfaces (annually), caulking windows and other gaps (annual inspection), fire sprinkler tests (annual), stormwater collection system maintenance, and hot water tank draining are included in CHN's preventative work orders.
- **Annual Property Inspections:** During the budget process, the Property Management Director (PMD) and Asset Management Director (AMD) oversee property inspections to identify potential replacement tasks. This review ensures that all projects, whether managed directly by CHN or other property managers, undergo a thorough evaluation.
- **Creation of Replacement Tasks Lists (LIST):** Following inspections, each property generates a LIST of potential replacement tasks. These lists are submitted to the AMD with cost estimates for each task, prioritized based on urgency, and high-priority projects are listed first.
- **Replacement Project Plans (RPP):** The AMD and PMD compile and maintain a comprehensive Replacement Project Plans (RPP) list, updated annually. This plan consolidates tasks from each property's LIST and anticipates additional tasks identified in each project's Capital Needs Assessment (CNA).
- **Budget Review and Approval Process:** During the Operating & Capital Budget review, critical stakeholders, including the CFO, COO, PMD, AMD, Regional Managers (RMs), and Maintenance Manager (MM) review and approve tasks for funding in the upcoming year. Funding sources, whether from operating revenue or replacement reserves, are identified for each project.

In addition to these annual planning procedures, CHN has instituted an Aging Building Analysis to comprehensively assess every aspect of their properties. The Aging Building Analysis includes detailed reviews of property overview, critical building information, funding sources and restrictions, resident satisfaction, neighborhood safety reports, and financial and service delivery performance. The Aging Building Analysis evaluates capital needs, potential funding resources, and the marketability of each building.

Recommendations for short-term and long-term actions are developed by the Aging Buildings Committee based on these findings, providing a strategic roadmap for addressing aging infrastructure effectively.

Everyday maintenance and repairs are considered an operating expense, and the operating expenses will be paid by rental income (rent subsidy + tenant rents). Replacement of building systems will be funded out of Replacement Reserves. Replacement Reserves are funded using an annual funding equal to \$425/unit or \$25,500 in year one. The funding for the Replacement Reserve comes from rent subsidies provided by the Public Housing Authority and the tenant portion of the rent.

- B. Demonstrate how the project be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there be funds provided from other sources and what those sources be.

Community Housing Network, Inc. will create a Replacement Reserve for Deer Hill Place using the rent subsidies provided by the Public Housing Authority and the tenant portion of the rent. The Ohio Housing Finance Agency requires that supportive housing developments establish and fund Replacement Reserves annually at \$425 per unit per year. This amount increases annually by 3%, as a predictor of inflation for operating expenses. In the case of Deer Hill Place, the following reflects the resulting Replacement Reserve balance utilizing this strategy:

Units	60	
Per Unit	\$	425
Inflation	3%	

Time Period	Amount Contributed	Balance of Replacement Reserve
Year 1	\$ 25,500	\$ 25,500
Year 2	\$ 26,265	\$ 51,765
Year 3	\$ 27,053	\$ 78,818
Year 4	\$ 27,865	\$ 106,682
Year 5	\$ 28,700	\$ 135,383
Year 6	\$ 29,561	\$ 164,944
Year 7	\$ 30,448	\$ 195,393
Year 8	\$ 31,362	\$ 226,755
Year 9	\$ 32,303	\$ 259,057
Year 10	\$ 33,272	\$ 292,329

It should also be noted that the use of these reserves requires approval from the tax credit investor's asset manager to ensure that the Replacement Reserves are utilized to ensure effective maintenance of the building. For example, if in year 7, CHN's Asset Manager were to see that 10 of the Deer Hill Place's 60 hot water tanks for units needed to be replaced at \$1,000 per water heater, the Asset Manager could request that \$10,000 from the Replacement Reserves be utilized to pay for the 10 water heater replacements. CHN's Asset Manager reviews capital expenditures at the building to determine the need for Replacement Reserve usage and works with 3rd party reviewers who perform Physical Capital Needs Assessments (PCNAs) to forecast the future use of replacement reserves. These PCNAs are typically ordered every ten years.

No other sources are anticipated to pay for future replacement expenses.

10. Unmet Housing Need.

- A. Describe the population that be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability. Maximum points be awarded for applicants that demonstrate that there are fewer than 50 PSH beds available in a given year for each 100 people in the population that is proposed to be served.

The target population is men and women who are homeless or at risk of homelessness and are disabled by mental illness, substance addiction, dual diagnosis, and/or physical disability. Individuals struggle to overcome severe and persistent housing barriers that may include histories of chronic poverty, alcohol and drug abuse, incarceration, generational and systematic inequities, institutionalization, long-term unemployment, and trauma impacting their housing stability. The residents have incomes at or below 30% AMI, as the Unified Supportive Housing System (USHS) requires. The USHS provides administrative guidance and structure to deliver a streamlined, standardized coordinated system for applying for, approving, and placing individuals and families experiencing homelessness and having the greatest vulnerability in permanent supportive housing.

On average, 50% of head of households are male, and 67% are people of color are living in CHN's supportive housing. Deer Hill Place will have similar demographic characteristics. Of Deer Hill Place's sixty (60) units, forty-eight (48) units will house individuals who meet the HUD definition of chronic homelessness. The remaining twelve (12) units house individuals who have severe mental illness or co-occurring mental illness and substance abuse, and are homeless, or at-risk of homelessness or institutionalization.

In Columbus and Franklin County, the 2024 Annual Gap Analysis shows a gap of 2,514 placements annually in PSH units. For single adults specifically, the target population proposed to be served, the gap is 2,398 placements annually. The existing capacity of PSH according to the 2024 HIC is 2,483 units(beds) of PSH for single adults system-wide. These beds turn over at the rate of 15% annually, creating approximately 373 available placements/beds annually, while the need is for 2,771 placements. **To use the analogy in the statement above, in Columbus and Franklin County there are only 13.46 PSH beds available in a given year for each 100 people in the single adult population that is proposed to be served.**

In FY24, in Columbus and Franklin County 5,995 single adults in shelter, transitional housing and in unsheltered locations experienced homelessness (12-month APR information). 211 were determined to be chronically homeless using HMIS experience data and are presumed to qualify for PSH. Of the remaining 5,784, 10% are projected to be diverted to other interventions, 25% are projected to self-resolve and those that do not have disabling conditions that are unlikely to be resolved are targeted for Rapid Rehousing (RRH) – some that will be served in RRH will end up in PSH and their intervention will double up. The community's Transitional Housing (TH) inventory is minimal and targeted to special populations, domestic violence and transitional age youth, 128 beds in total, 23 units for families and 55 beds for single adults and children only beds (2024 HIC). The majority of the single adults in TH will exit to RRH and only a few will need PSH. In FY24 the single adult population experiencing homelessness self-reported high rates of disability – 36% mental health, 6% alcohol use, 5% drug use, 6% dual diagnosis, 30% chronic health condition, 1% HIV/AIDS, 6% developmental disability, 32% physical disability (12-month APR information). People have multiple disabling conditions but overall, 65% of the single adult population experiencing homelessness self-declared a disability in FY24. Research shows that people tend to underreport their disabilities. However, not all people with disabling conditions will need PSH and realistically we will not be able to create PSH for 65% of the sheltered population. For planning purposes, taking the rate of population that reports mental health, dual diagnoses, HIV/AIDS and

developmental disabilities provides the rate of 49% that will assume needs PSH. This rate is applied to the population that experiences homelessness that was not able to be diverted to other interventions and is not chronically homeless, or 5,225. The overall population needing PSH annually is 2,771 (211+2,560). As noted above, the annual bed turnover from the existing capacity provides 373 available placements, leaving a gap of 2,398 placements annually.

11. Management of Rental Housing.

- A. Do you have rental housing? If yes, describe the rental housing projects you or your subrecipient have managed. If you have or partner with other organization(s) within the CoC to manage a property(s), provide the organization's information, type of program participants assisted, and experience. Include the number of grants for affordable housing awarded in the past 3 years and amount of awards, the type of subsidy and or financing provided for the housing. Specify the number of assisted and non-assisted units in each property.

Community Housing Network, Inc. manages 1,493 rental housing units in 35 properties.

Since January 2021, Community Housing Network has received funding awards for six projects totaling 289 units:

Owner	Units	Homeless & Disabled	Disability Only	Rent Subsidized	LIHTC Award Year
Knoll View Place	50	45	5	50	2024
Scioto Rise Place	60	48	12	60	2024
Touchstone Field Place II	44	44		44	2023
Park Apartments*	45	45		45	2022
Poplar Fen Place	44	39	5	44	2022
Warren Commons, LLC*	46	46		46	2021
Total	289	267	22	289	

* Lucas County supportive housing projects.

CHN will receive approximately \$84,622,000 to develop these six properties from various sources to pay the expenses of developing properties. This includes over \$63 million in Tax Credit generated Equity, \$7,750,000 from the State of Ohio (Housing Trust Fund, Strategic Community Initiative Funds, Ohio Mental Health and Addiction Services Capital, & State HOME ARP Funds), \$2,130,000 from County funding (HOME ARP/SLFRF, Magnet, County Mental Health Boards), \$9,300,000 from City programs (HOME, HOME ARP, & SLFRF), \$2,000,000 from the Federal Home Loan Bank of Cincinnati AHP program and \$250,000 from a foundation grant.

All six properties use project-based Section 8 Housing Choice Vouchers to pay operating expenses. The project-based section 8 contracts typically have 20-year terms. The value of these contracts depends on rent levels in the future and the amount of income a tenant contributes to their rent, making it difficult to estimate the value of the rental assistance. However, to get a ballpark of the rental assistance value over 20 years, CHN multiplied the

anticipated stabilized year-one gross income of these projects x 20 years, and the resulting estimate of rental income is \$69 million.

For service funding, including 24/7 front desk services, the Community Housing Network has requested HUD, state and local county mental health boards, and the City's HOME ARP funds for all six properties. Additional resources for service expenses include Medicaid billing reimbursement. CHN estimates that it needs approximately \$2,100,000 annually to fund the services attached to these six programs.

12. Coordinated Entry.

A. Demonstrate how the project will use the CoC's coordinated entry process to refer individuals and families experiencing homelessness in the new PH-PSH units. The response must include the coordinated entry process implemented and how program participants will be placed in the project.

Community Housing Network (CHN) will participate in the Community Shelter Board's Unified Supportive Housing System (USHS) to fill units at Deer Hill Place.

The Unified Supportive Housing System (USHS) is the coordinated entry system for PSH. USHS was established by Community Shelter Board (CSB); our PHA, Columbus Metropolitan Housing Authority (CMHA); and the Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH) via an MOU effective March 1, 2008. USHS manages units funded through a variety of subsidies including PHA Housing Choice Vouchers, Mainstream Vouchers, Project-Based Vouchers, Emergency Housing Vouchers, CoC Leasing and Rental Assistance programs, and the HOME program.

All system PSH providers are contractually required to participate in USHS, independent of their type of rent subsidy. The CoC's practices are formalized in the Unified Supportive Housing System Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

USHS continuously screens clients for PSH using HMIS data. USHS prioritizes chronically homeless households, then disabled households based on their vulnerability and length of time homeless, using HUD's notice HUD CPD-16-11. USHS uses a monthly "hotlist" to identify clients who are potentially eligible for PSH based on their current homeless status, history of homelessness, and self-declared disability, along with the chronic homeless status. The USHS Manager proactively reaches out to the Provider Agency servicing the clients and asks them to complete a locally developed standardized assessment, a Severity of Service Needs Assessment (SSNA) for the respective clients alongside documentation required for housing. Provider Agencies can also submit this standardized assessment, the SSNA, for their clients that they believe should be prioritized for PSH to the USHS for scoring. Once the SSNA and the required documentation are submitted, the USHS Manager will score the SSNA and will place the client in the USHS Pool. The USHS Pool is a vulnerability-based pool, meaning that the client's position is based on the need for housing – the higher their SSNA score is, the higher their vulnerability and need for housing is. Each Housing Provider in the system submits vacancies to the USHS Manager. When a vacancy is submitted, the USHS Manager will fulfill the vacancy with a referral from the USHS Pool, starting with the client at the top of the pool, assessing the client's eligibility for the vacancy. The client will be matched with the appropriate PSH for further eligibility

assessment, also considering client's needs and preferences. Prompt assessments and use of HMIS data reduce the time it takes to link clients to the right housing program. To reduce the burden on people seeking assistance, PSH eligibility and application are centralized. There are no waitlists at PSH sites and no duplicative application processes. Once the client is referred to the PSH site, the Housing Provider, in this case CHN, will work with the client and the Provider Agency servicing the client to make sure the client does meet all eligibility criteria, the client accepts the unit, all required documentation is in place and ultimately that the client signs the lease and successfully moves into the unit. The client does have the right to refuse the unit, or the Housing Provider has the right to refuse for the client for cause, in both cases the client will be returned to the USHS Pool for further referrals to other PSH sites.

13. Coordination with Housing Providers, Healthcare Organizations and Social Service Providers.

A. Demonstrate either that:

- The project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, **or**
- The project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project. Describe CMHA's involvement and commitment in the project and attach CMHA's written commitment to the project, if applicable.

Columbus Metropolitan Housing Authority is an essential partner to Community Housing Network, Inc. Providing rental subsidies to supportive housing allows Community Housing Network to develop projects such as Deer Hill Place. CMHA supports Deer Hill Place and has provided a preliminary letter of interest to Community Housing Network for 100% of the units, which is attached.

Once Deer Hill Place is constructed, a Housing Assistance Contract will be signed and CHN will work with CMHA on the lease-up process, will qualify residents for a rent subsidy and housing inspectors will qualify each room in the building for move-in.

B. Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:

- Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); **or**
- The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the housing and resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

CHN will contract with Concord Counseling Services (CCS) to provide onsite supportive services. CCS will commit \$59,837.60 per year in supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services to support residents at Deer Hill Place.

14. Experience Promoting Racial Equity.

- A. Describe your experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.

CHN actively involves residents in selecting housing locations and designing buildings by gathering feedback both informally through daily interactions and formally at tenant meetings and focus groups. This approach helps ensure that the design of each building effectively meets the needs of its residents.

During a focus group on August 23, 2023, with the residents of Dogwood Glen, adjacent to the Deer Hill Place site, specific feedback was provided. Residents emphasized their desire to preserve as many trees as possible, requested consistency in building systems to avoid adopting 'smart' technology, and advocated for adding a privacy fence. Similarly, residents of Touchstone Field Place provided insights into community space and unit design preferences, influencing the development's final layout. Even with interruptions caused by COVID-19, CHN prioritizes resident feedback, meeting with tenants annually to gather ideas for future developments.

CHN actively draws on external expertise to inform our projects. This includes principles from 'Envisioning Living Environments for People with Mental Illness' by the Urban Design Center of Northeast Ohio, a sourcebook developed through interviews with residents and owners of supportive housing. These insights help us better shape our projects to serve residents' mental health and well-being. Additionally, CHN conducts formal focus groups and/or surveys every three years to capture feedback and inform mission-aligned strategies.

We engage residents at multiple points throughout the project lifecycle, from design to post-occupancy evaluation, ensuring that their needs are incorporated and respected. Our commitment to diversity, equity, and inclusion (DEI) means we intentionally help remove barriers in service delivery, address language barriers, and create culturally sensitive services. Ongoing collaboration with residents and community partners such as Concord Counseling Services, National Church Residences, and Huckleberry House allows us to maintain a supportive and inclusive environment.

Additionally, CHN prioritizes hiring staff with lived experience that mirrors our tenant population across multiple intersecting identities. This diverse representation fosters staff trust, understanding, and cultural competence, leading to more inclusive and responsive services.

B. Describe your experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

Community Housing Network (CHN) has experience building meaningful partnerships with grassroots and resident-led organizations to deliver housing, healthcare, and supportive services tailored to the unique needs of residents. Central to our approach is fostering strong, collaborative relationships with local organizations, such as the YMCA of Central Ohio and Huckleberry House, which are deeply connected to underserved communities. These partnerships ensure that the services provided align with the unique needs of our residents, particularly in areas like housing stability, mental health support, and addiction services.

At CHN's Touchstone Field Place site, a resident council provides feedback on services, support, and house rules, working with our supportive service partner, the YMCA of Central Ohio. The resident council has been instrumental in sharing various resident perspectives and advocating for key issues such as resident safety and improved transportation in the neighborhood. Some of these efforts have included advocating to the City of Columbus to request a crosswalk in front of the resident building to increase safety. Additionally, the resident council has helped raise the voices of residents in requesting an increased frequency of COTA bus service. Resident council members regularly come to the staff to advocate for their neighbors when there are concerns about their health and safety or ensure they receive adequate supportive services. The bridge between the resident council and staff at Touchstone has been vital in ensuring more needs are met, and no resident is being overlooked.

CHN collaborates closely with organizations addressing homelessness and mental health, including providers affiliated with the Franklin County ADAMH Board. This collaboration allows us to offer comprehensive, accessible, and culturally responsive services to individuals facing mental health challenges or substance use disorders. Our partnership with Concord Counseling Services and Southeast Healthcare is another example of using evidence-based practices such as harm reduction, motivational interviewing, and trauma-informed care to support formerly homeless individuals in maintaining stable housing. Through our partnerships, residents have access to a comprehensive range of onsite counseling and medical services, as well as external support networks and Medicaid/Medicare-billable services.

CHN's commitment to ensuring that our services reflect the lived experiences of those we serve is evident in our collaboration with Huckleberry House to provide permanent supportive housing for Transition Age Youth at Marsh Brook Place. Engaging with the Youth Action Board ensures youth voices are heard and considered when shaping services. This resident-led approach to decision-making empowers residents to have a say in the programs that impact their lives, leading to more effective, inclusive programs.

C. Describe your experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

CHN has demonstrated significant experience in designing and operating programs that improve racial equity, particularly for people experiencing homelessness. The organization's

deep commitment to diversity, equity, and inclusion (DEI) is embedded in its values and practices to ensure that underserved populations receive equitable support.

CHN provides person-centered services tailored to the diverse needs of residents who have historically faced barriers in accessing housing and supportive services. By actively tracking demographic data related to service utilization monthly, CHN identifies disparities among different racial and ethnic groups. This data analysis allows CHN to make informed adjustments to its programs, ensuring they address the specific challenges faced by marginalized populations, including people of color experiencing homelessness.

Additionally, CHN staff receives annual training on implicit bias, equity, and inclusive practices, fostering an environment where racial equity is prioritized in service delivery and teamwork. CHN engages residents, partners, and staff, particularly those with lived experience, to inform program design and improvements. By incorporating feedback from these groups, CHN ensures that its programs remain responsive to the unique needs of different racial and ethnic populations, ultimately improving outcomes for underserved communities.

CHN's commitment to racial equity is reflected in its proactive approach to addressing homelessness while promoting fairness, inclusion, and equity for all residents. CHN emphasizes open and transparent communication to meet the needs of marginalized populations and has not encountered any racial equity issues to date. If a problem arises, CHN is prepared to deploy empathetic services aligned with its core values to ensure they are handled with care and sensitivity.

15. Community Integration for Persons with Disabilities.

- A. Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community. The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.

Permanent Supportive Housing (PSH) allows residents to choose available housing, health care, and long-term services that meet their unique needs and preferences. These choices empower and foster a sense of ownership and independence where the choice extends the right to refusal and allows for another housing referral. Individuals can choose among healthcare providers based on their preferences, including primary care, behavioral health, and specialty care tailored to their needs. While on-site staff may work for a community-based health or behavioral health agency, their services are voluntary, and tenants may choose not to participate. When a resident seeks services, support staff assist them with navigating these services, helping them understand their options and make decisions that best support their long-term well-being. CHN's partners offer access to various services such as case management, vocational training, healthcare, and treatment. These person-centered services involve the client in decision-making, allowing for greater autonomy and improving their quality of life.

Each of CHN's new developments contains units that are designed to serve persons with physical disabilities. These units are not located on one specific floor or area within the building but are instead located in various locations within the building so that those with physical disabilities do not feel as though they have been segregated within the building.

CHN's PSH units are in areas with public transportation and amenities, fostering community integration. CHN promotes community integration, diversity, and inclusivity. This approach encourages participants to engage in social, educational, and employment opportunities, reducing stigma and enhancing their ability to contribute to the community. As CHN is finding a location for new housing, it meets with community groups to encourage the adoption of a good neighbor agreement. One aspect of the good neighbor agreement is to remind the surrounding community that our residents seek to be a part of the community and want to be involved in activities and events. Making this known can invite neighbors to get to know our residents to reduce their isolation and better integrate them into their new community.

All units in the project will require a disabling condition.

16. Section 3 Requirement.

A. Describe the actions that be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons. This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities that result from their receipt of other HUD funding.

CHN requires their General Contractor to comply with Section 3 and includes an exhibit in its contract with the Section 3 Procedures of the City of Columbus. The General Contractor posts signs at the construction site to look for Section 3 labor. Typically, the General Contractor sets up an email account for potential Section 3 workers who wish to be employed to notify. The General Contractor stores these potential laborers in their system to develop a pool of Section 3 persons who could be contacted when a laborer is needed on a construction job.

The General Contractor requires all subcontractors to include Section 3 in their hiring considerations and to provide documentation related to Section 3 to the General Contractor so that they can report on Section 3 activities at the job site. In the past, CHN's General Contractors have sought out unskilled labor from local labor companies such as Labor Ready and the general contractors include the Section 3 opportunity and documentation in their outreach to these labor companies.

17. Financials

- A. List anticipated sources of capital funding and the projected capital request for funding from the CoCBuild for new construction, acquisition or rehabilitation. Add rows as needed.

Capital and Development Costs				
Funding/Financing Source & Program	Type	Amount	Status	Projected Cost Per Unit
CoCBuild	Grant	\$7,500,000	apply with this application	\$125,000
City of Columbus HOME	Loan	\$2,000,000	Will apply	\$33,333
4% Non-Competitive Federal LIHTC	Equity	\$8,167,795	Will apply but is non-competitive	\$136,374
FHLB Cincinnati AHP	Grant	\$1,500,000	Applied June 2024	\$25,000
Contributions	Grants	\$4,000		\$67
Deferred Developer Fee	Loan	\$980,587		\$16,343

- B. List anticipated sources of services funding and projected services request for funding from the CoCBuild, if applicable. No more than 20% of the total budget request can be requested from the CoCBuild funding for supportive services. Add rows as needed.

Services				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
HUD New Bonus CofC	Grant	\$271,902	Applying in CofC	\$4,120
ADAMH Board of Franklin County	Grant	\$94,249	To be applied for	\$1,571
Medicare and Medicaid Reimbursements		\$82,363		\$1,373
Fundraising/ or other		\$28,806	To be applied for	\$892

C. List anticipated sources of operations services funding. Add rows as needed.

Operations				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
Project Based Section 8/ Columbus Metropolitan Housing Authority	PB Housing Choice Vouchers	\$745,200 (annually)	Letter of Intent received	\$12,420

D. What is the anticipated cost per household served? Ensure the cost aligns with historical information of like-projects. Attach a Capital Budget, an Operating Budget and a Services Budget.

CoC/CSB: Capital Cost Per Unit: \$197,917	Annual Services Cost Per Unit: \$5,150	Annual Operating Cost Per Unit: \$0
Total: Capital Cost Per Unit: \$335,806	Annual Services Cost Per Unit: \$7,995	Annual Operating Cost Per Unit: \$12,420

18. Co-Applicants

A. Identify the role of each project partner, if applicable.

Concord Counseling Services is a distinguished organization with a 20-year track record of delivering high-quality, accessible, and evidence-based services to residents in Community Housing Network's PSH and Service Enriched housing sites and services for older adults. Founded in 1972, CCS is a 501(c)(3) entity with over 50 years of experience effectively utilizing various federal funds.

CCS is accredited by the International Commission on Accreditation of Rehabilitation Facilities (CARF) in multiple areas, including Case Management/Service Coordination, Integrated SUD/Mental Health Outpatient Treatment for Adults, Children, and Adolescents, Prevention Services, and Job Development & Community Employment Services. Furthermore, CCS holds a full Behavioral Health Certification from Ohio Mental Health and Addiction Services (OHMAS) to provide an array of services such as Employment Services, Community Psychiatric Supportive Treatment (CPST) Services, Therapeutic Behavioral Services, and Psychosocial Rehabilitation, Consultation, Prevention, General, Crisis Intervention, and Substance Use Disorder (SUD) Case Management Services.

CCS employs a dynamic, flexible treatment team approach to client care and problem-solving, offering holistic plans that address a spectrum of needs. Their client-led interventions are based on the stages of change model, fostering strong relationships and frequent resident contacts to ensure beneficial services. Staff collaborate closely with clients to design and implement tailored plans and strategies, with regular assessments and reviews. Residents also engage in annual housing assessments, goal planning, and standardized assessments such as the Outcome Questionnaire and Recovery Assessment Scale.

B. Describe each co-applicant/project partner's financial commitment.

Concord Counseling Services will commit \$59,837.60 per year in supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services to support CHN Deer Hill Place residents.

C. If not an HMIS user, describe your agency's experience with data entry and reporting, and how you use data.

Not Applicable.

19. Required Documentation

Attach the following documents to the concept paper prior to submission. This section is not required if the lead agency is already a funded CSB partner agency.

X	501 (c) 3 letter from the IRS
X	Registration with the Ohio Secretary of State
X	Current Board roster with employers, relevant experience and tenure with the Board
X	Most recent audit
X	Most recent 990



**COLUMBUS METROPOLITAN
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880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

October 10, 2024

Ms. Samantha Shuler
Chief Executive Officer
Community Housing Network, Inc.
1680 Watermark Blvd
Columbus, Ohio 43215

Re: Proposed Deer Hill Place

Dear Ms. Shuler:

On behalf of Columbus Metropolitan Housing Authority (CMHA), I am confirming my agency's support for the development of Community Housing Network's (CHN) proposed Deer Hill Place project.

Deer Hill Place will provide sixty (60) one-bedroom units of permanent supportive housing prioritized for individuals with disabilities who meet the HUD's definition of literal homelessness or are at-risk of homelessness. Deer Hill Place will be located at approximately 3255 Morse Road, Columbus, Ohio 43231. The project will add 60 new apartments to the community's permanent supportive housing portfolio.

CMHA is providing Project-based Section 8 Housing Choice Vouchers to CHN for the proposed Deer Hill Place, subject to the approval of CMHA's Board and all federal regulatory requirements being met. The project's rental subsidy will be \$1,035 per unit per CMHA's Rent Reasonableness analysis. This rent subsidy will be for all 60 units at the property and will limit what a resident pays in rent to 30% of their household income. There will be a 20-year Housing Assistance Payment contract once the property is constructed that will be subject to annual appropriations.

CHN intends to apply for funding from the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Build program for construction funding the construction of the initial sixty units from multiple funding agencies, along with tax credits from Ohio Housing Finance Agency (OHFA), City of Columbus HOME funds, and the Federal Home Loan Bank of Cincinnati (AHP).

It is anticipated that if CHN is successful in securing the above funding commitments, CHN will begin construction of the proposed project in the summer of 2026. Initial occupancy will begin in the summer or early fall of 2027.

CMHA is aware that this letter will be used by CHN to demonstrate a rental subsidy commitment to funders, including HUD, the OHFA, City of Columbus, Columbus/Franklin County Continuum of Care, and Federal Home Loan Bank Cincinnati, so that Deer Hill Place can be considered for funding by these and other agencies.

CMHA wishes to make clear that this commitment is conditioned on the following:

1. Deer Hill Place receiving a competitive award of CoC Build funding from HUD;
2. CMHA having availability of Housing Choice Vouchers for Project Basing, including Mainstream Housing Choice Vouchers, to fulfill this commitment;
3. HUD approves the site's Environmental Part 58 Review and a Subsidy Layering Review; and,
4. CMHA's Board approves the subsidy allocation to CHN.

CMHA is very confident that the above conditions can be met on this project.

If CHN or potential funders have any questions regarding this letter, please contact me directly at 614-421-6244.

Sincerely,



Scott W. Ammarell
Chief Program Officer

October 18, 2024

CHN Deer Hill Place

Concord Counseling Services



Re: Housing Resources Leverage for 2024 Builds! Notice of Funding Opportunity (NOFO)

Dear CHN,

On behalf of Concord Counseling Services, we are pleased to commit **\$59,837.60 per year** in supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery and other services to support CHN Deer Hill Place that is being submitted to HUD as part of the Continuum of Care Builds! Notice of Funding Opportunity (NOFO). Additional details about the commitment can be found below.

- Funding Source(s) Information: Medicaid, ADAMH
- Funding Source(s) Activities: Medically necessary Medicaid eligible services to qualified project participants, and ADAMH-eligible project participants.
- The value of providing access to supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery and other services for all program participants in the project who would qualify and choose these services is estimated at **\$59,837.60 per year**.
- Housing resources Dates: estimated to start: 7/1/2025 for a period of one year and renew annually. Note the start date of the funding commitment is flexible dependent on the project start date.
- Project eligibility for program participants will be based on the CoC program fair housing requirements and will not be restricted by our organization.

We appreciate the opportunity to work with the Continuum of Care to leverage the CoC's dollars to provide much needed access to housing resources to people experiencing homelessness in Columbus and Franklin County, Ohio.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chuck E. Vranekovic'.

Chuck Vranekovic
Chief Financial Officer
Concord Counseling Services
700 Brooksedge Blvd
Westerville OH 43081

Permanent Supportive Housing

CoCBuilds NOFO Concept Paper

1. Agency and Project Information	
Project Title: Hometown PSH	
Lead Organization (project sponsor): Columbus Metropolitan Housing Authority (CMHA)	
Mailing Address: 880 E 11th Ave, Columbus Ohio, 43211	
Contact person: Scott Scharlach	
Telephone: 614-421-6251 Fax: N/A E-Mail: sscharlach@cmhanet.com	
<p>If you are submitting a project on behalf of a group of agencies/organizations, list any agencies you intend to propose as sub-recipients or subcontractors.</p> <p>Beacon 360</p>	
2. Authorization	
<p><i>Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the Continuum of Care (CoC) Builds (hud.gov) Notice of Funding Availability.</i></p>	
Lead Organization: Columbus Metropolitan Housing Authority	Date: 9/20/2024
Authorized Signature: <i>Scott Scharlach</i>	
Name/Title: Scott Scharlach, COO	
Co-Applicant Organization: Beacon 360 Management Inc.	Date: 9/20/2024
Authorized Signature: <i>Celia Kendall</i>	
Name/Title: Celia Kendall, Chief Executive Officer	
Co-Applicant Organization:	Date:
Authorized Signature:	
Name/Title:	

3. Description & Experience of Applicant Organization(s)

Answer each of the questions below. Answer the questions for all agencies involved in the project.

A) Are you an incorporated non-profit organization and have you received IRS 501(c)3 status?	Yes	No X
B) How many years has the lead agency been in existence?	90 years	
C) If there are other agencies involved with the project, how many years has each of them been in existence?	23 years	
D) List the agency's total annual budget for the current fiscal year.	\$900,000,000+	
E) What is the proposed site's address? 6275 Quarter Horse Dr. or a similar property that has yet to be identified.		
F) Do you have site control?	Yes	No x

If you are not currently providing housing for formerly homeless individuals, address the following questions.

G) Describe the agency's mission and purpose and explain how the proposed project is consistent with the agency's mission. N/A
H) Describe the agency's principal programs and services. N/A
I) Describe the number and type of staff the agency employs. N/A
J) Describe the agency's experience providing services for the target population or other special needs populations. N/A
K) Describe the agency's experience providing housing for the target population or other special needs populations. N/A
L) Describe the agency's experience working with neighbors of other developments. N/A
M) List the agency's key accomplishments from the past three years. N/A

4. Proposed Housing Model

Check the box(es) that matches the type of housing for which you are seeking funding.

<input type="checkbox"/>	Multiple Buildings, Single Site
<input checked="" type="checkbox"/>	Single Building

<input checked="" type="checkbox"/>	Permanent Supportive Housing (PSH)
<input checked="" type="checkbox"/>	PSH through hotel/motel conversion
<input type="checkbox"/>	PSH through other conversion
<input type="checkbox"/>	PSH through modal/modular building

Describe the site and proposed model.

CMHA plans to partner with Beacon 360 to acquire an existing hotel to convert and use as permanent supportive housing (PSH). CMHA will be the lead applicant, and Beacon 360 will be the subgrantee and oversee control by way of ownership of a controlling LLC for the property.

The proposed project will convert the 121 room Hometown Suites situated at 6275 Quarter Horse Dr, built in 2008, into a 90 unit PSH program with 60 efficiencies and 30 1-bedrooms (communicable rooms) with onsite supportive services and amenities along with 24 hour front desk services. The supportive services will provide housing focused case management for single adults and adult only families. The project is located in the Columbus neighborhood known as Northland and is home to approximately 97,000 residents. Covering a 25 square mile area, the neighborhood is now home to a bustling immigrant population that began increasing in the early 2000s as well as a mix of lifetime residents and young families. Approximately 40% of the population of Northland identify as Black, 30% White, 10% Hispanic/Latino, 7% Asian, 6% identify as 2 or more races, 1% American Indian/ Indigenous, and the rest a mix of other races. From 2010 to 2020, the number of minority residents grew by 45% with now about 64% of the total population identifying as a minority group.

The median age in the Northland area is 35 years for males and 37 for females and the average household size is 4.7 people. 49% of the households are families with 17% of the households being led by single-mothers. There is a mix of socio-economic demographics in the Northland Area. With 20% of the population below the poverty level, this is a slightly higher rate than the Columbus area.

5. Type of Development

Check the box(es) that best describes the type of development you are proposing.

<input type="checkbox"/>	Construction of a new building
<input checked="" type="checkbox"/>	Rehabilitation of an existing building
<input checked="" type="checkbox"/>	Acquisition of an existing building (adaptive reuse and conversion)

6. Development Experience and Leveraging

- A. Do you have development experience with at least 4 other projects that have similar scope and scale as the proposed project? Describe below each of the projects you have experience with as a developer.

CMHA has developed and/or acquired on average \$150,000,000 annually in multi-family communities. We have multiple LIHTC awards annually for new construction and have acquired 1,000's units of multi-family housing over the past several years. This conversion does not include renovation or rehabilitation of an asset, it is an acquisition of an operating hotel. The following affordable housing communities have been developed/renovated by CMHA.

1. Franklin Station: offers 100 units of PSH with project based rental assistance (PBV). The project offers safe, permanent, supportive housing to individuals who struggle with homelessness, mental illness and/or addiction. The project contains 100 one-bedroom units. This development provides housing to 75 individuals meeting HUD's homeless definition and 25 individuals who have a mental health disability. CMHA is the developer and owner of the project. Community Properties of Ohio is the property manager and YMCA of Central Ohio provides the front desk and supportive services. Funding the development involved public and private resources that included LIHTC equity (\$4,992,753), GP Capital (\$5,881,065) and Federal Home Loan Bank (FHLB) Affordable Housing Program (AHP) (\$3,251,500). All units are affordable to persons earning 30% AMI or less.

2. McKinley Manor: offers 44 units of PSH with PBV. The project offers safe, permanent, supportive housing to individuals who meet the chronic homelessness definition and are over the age of 55. The project contains 44 one-bedroom units. CMHA is the co-developer and owner of the project. Woda Cooper is the property manager and YMCA of Central Ohio provides the front desk and supportive services. The project opened in early 2024. Funding the development involved public and private resources that included LIHTC equity (\$5,067,550), City HOME (\$1,250,000); County Magnet Funds (\$660,000); Ohio Housing Finance Agency (OHFA) Housing Development Assistance Program (HDAP) funds (\$2,500,000), and OHFA Housing Development Loan short-term loan funds (\$2,000,000). All units are affordable to persons earning 30% of AMI or less.

3. Poindexter Place: offers 104 units of senior housing with PBV rental assistance. The project offers safe permanent housing with supportive services for individuals over 55 years of age. The project contains 104 one-bedroom units that offer an independent living community designed to help residents maintain an ideal lifestyle without the hassle of home maintenance. The facility features accessible design, communal spaces and supportive services, fostering a comfortable and engaging environment for seniors. CMHA is the developer and owner of the project. National Church Residences is the property manager and CMHA and National Church Residences provides supportive services. Funding for the development included public and private resources, LIHTC equity (\$9,255,424), PHA (CMHA) Capital (\$5,326,111), FHLB AHP forgivable loan (\$1,000,000), City HOME funds (\$250,000), CMHA loan (\$825,570). All units are affordable to persons earning 30% of AMI or less.

4. Harriet's Hope: offers 52 units of permanent housing with PBV rental assistance. The project offers safe permanent housing with supportive services for victims of human trafficking. The project is among nation's first service-enriched housing communities

exclusive to human trafficking survivors. The project contains 52 one- and two- bedroom units and opened in late 2023. CMHA is the developer and Beacon 360 is the co-developer, both developer and co-developer own the project. Beacon 360 is the property manager. The project integrates affordable housing with comprehensive recovery services. Harriet's Hope offers a safe, stable environment where residents can access addiction treatment, mental health services and job training, fostering recovery and self-sufficiency. This initiative underscores CMHA's commitment to addressing housing instability and improving community well-being through targeted support and inclusive housing solutions. Funding for the development included public and private resources, LIHTC equity (\$10,055,688), Affordable Housing Trust permanent loan (\$2,200,000), City HOME loan (\$825,000), FHLB AHP forgivable loan (\$1,000,000), State Capital Grant (\$300,000) and other funds. All units are affordable to persons earning 30% of AMI or less.

- B. Do you have experience leveraging resources similar to the funds being proposed in the current project with at least 3 other projects that have similar scope and scale as the proposed project? (similar resources: LIHTC, HOME, CDBG, Section 108, Section 202, Section 811). Describe below each of the projects you have experience with as a developer and describe in detail up to 5 resources being leveraged for each project, by dollar value being contributed to the project in descending order.

See samples of leveraged resources:

1. Harriet's Hope:

CMHA developed Harriet's Hope, a 52 unit one-bedroom development utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- \$10,055,688: Rent and occupancy limited to 30% AMI for all units.
- Affordable Housing Trust permanent loan - \$2,200,000
- Federal Home Loan Bank of Cincinnati (FHLB) Affordable Housing Program (AHP)- \$1,000,000: Rent and occupancy limited to 50% AMI for 52 units (15 years).
- City HOME Program- \$825,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.
- State Capital Grant - Ohio HOME- \$300,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 52 units. The annual value of the subsidies is over \$600,000.

2. McKinley Manor:

CMHA developed McKinley Manor, a 44 unit one-bedroom development utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- 5,067,550: Rent and occupancy limited to 30% AMI for 44 units (30 years).
- Affordable Housing Trust permanent loan - \$3,100,000
- OHFA HDAP permanent loan \$2,500,000 and OHFA HDL short-term loan funds \$2,000,000.
- City HOME Program- \$1,250,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.

- Franklin County Magnet Fund - \$660,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 44 units. The annual value of the subsidies is \$500,000.

3. Pointdexter Place:

CMHA developed Pointdexter Place, a 104-unit senior development utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- \$9,255,424: Rent and occupancy limited to 30% AMI for 44 units (30 years).
- CMHA Capital RHF equity contribution - \$5,326,111: Rent and occupancy limited to 30% AMI for 44 units (30 years).
- Federal Home Loan Bank of Cincinnati (FHLB) Affordable Housing Program (AHP)- \$1,000,000. Rent and occupancy limited to 30% AMI for 44 units (30 years).
- CMHA loan of \$825,570 over 30-years at an interest rate of .25%.
- City HOME Program- \$250,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 104 units. The annual value of the subsidies is \$1,200,000.

The Federal Home Loan Bank of Cincinnati has an Affordable Housing Program supporting the development of permanent supportive housing. CMHA has a long-standing partnership with Huntington National Bank, which has been the member bank applicant.

The Affordable Housing Trust for Columbus and Franklin County is an independent, nonprofit lender that works with the private, nonprofit and public sectors to develop affordable housing opportunities within the City of Columbus and Franklin County. AHT is a certified Community Development Financial Institution (CDFI).

Ohio Housing Finance Agency Housing Development Assistance Program (HDAP) provides grants and loans for the development and preservation of affordable housing. HDAP funds are awarded on a competitive basis through three distinct funding programs based on the other financing being sought (housing credit gap financing for 9% LIHTC awards, bond gap financing for 4% non-competitive LIHTC awards, and housing development gap financing for non-tax credit programs). Funds are used as gap financing and other development sources to cause the creation of new affordable housing units.

Ohio Housing Finance Agency Housing Development Loan (HDL) program receives its funding through Unclaimed Funds from the Ohio Department of Commerce and provides short-term, low-interest loans to developers who have an award of housing credits. The loan can be used to bridge equity, for deferred equity resulting from the sale of Low-Income Housing Tax Credits (LIHTCs).

The Franklin County Magnet Fund was created to provide gap financing for the “New Affordability” construction of eligible affordable housing development projects seeking an allocation of 4% Low-Income Housing Tax Credits (“LIHTC”) from the Ohio Housing Finance Agency (“OHFA”). In this case “New Affordability” is defined as the new construction of affordable housing units.

HOME Program City of Columbus and Franklin County contribute federal HOME funding for affordable housing development projects, depending on funding availability.

- C. Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), provide cost per unit information on each housing type to the extent possible.
- We are anticipating the acquisition cost to be at \$7.5 million. For the 75 units dedicated to the homeless population, this would be \$100,000 per unit in acquisition cost. With the rehabilitation costs due to the conversion of 30 units to one-bedroom units, additional HVAC, elevator and painting work, the cost per homeless unit will become \$126,667. The cost per unit when including the non-homeless units is \$105,555.
 - The City of Columbus committed \$2,000,000 to the project, available starting with CY2025.
 - CMHA commits vouchers for all 90 units in the project, pending a competitive award, CMHA board approval, and if the project meets all HUD regulations including all environmental requirements and local zoning laws. The dollar value of the project-based vouchers will be approximately \$1.35 million annually.
 - A new CoC project will be submitted to request supportive services funding using CoC Bonus funds part of the 2024-2025 NOFO.

In the table below, show the total number of proposed units in the project, how many units will be designated for people experiencing homelessness, how many units will be supported with Columbus Metropolitan Housing Authority (CMHA) vouchers, and how many units are designated for other populations, if applicable.

Total Units (#)*	90
Homeless Units (#)	75
Non-Homeless Units (#)	15
CMHA voucher units (#)	90
CMHA voucher units (%)	100%
*Units could convert to 2-beds resulting in a total unit count of 90	

- D. If there are current properties under construction or rehabilitation where CoCBuils funds could be used to obtain units, provide:
- the amount and type of funds being used to construct the property;
 - evidence of site control;
 - evidence of completed and approved environmental review;
 - identify the owner of the property and their experience with constructing or rehabilitation; and
 - the number of units that will be finished using CoCBuils funds.

Not applicable to this application

7. Managing Homeless Projects.

- A. Do you have experience administering at least 4 other projects for individuals and families experiencing homelessness where one member of the household has a disability?

Beacon 360, the sub-grantee and co-developer, is the property manager for this project. Currently, Beacon 360 manages 31 communities who all have adopted a homeless preference, and 14 of the 31 communities serve disabled populations. Beacon 360 provides overall management of these communities and person-centered property management. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach. We orient tenants to live in a community by assisting participants with housing-related issues and providing intervention and conflict resolution as needed. Participants are referred to onsite or offsite agencies for supportive services, medical/behavioral/dental health needs, material needs, legal assistance, and other needs.

1. Bill Mitchell Retirement Villages

- 90-unit affordable, subsidized 202/8 low-income housing for elderly and disabled
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: November 1986

2. East Newark Community Urban Redevelopment Corporation D.B.A. Washington Square Townhomes

- 123-unit affordable, subsidized 202/8 low-income multi-family housing
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: October 1978

3. Rendy Murray Commons

- 83-unit affordable, subsidized 202/8 low-income multi-family housing
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: March 1975

4. J J Ashburn Plaza

- 45-unit affordable, subsidized 202/8 low-income housing community.
- Serving elderly, disabled
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: September 1987

- B. Describe how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties.

In general, a combination of factors determines the rent. Based on bedroom size, we evaluate the published FMR or Small Area FMR, LIHTC restrictions, Utility Allowance information all with unit type and bedroom number in mind and the property's location and whether it is in a Qualified Census Tract. However, because all site-based PSH units in the local system are PVB-subsidized, ultimately the Housing Assistance Payment Contract with the Public Housing Authority will drive the rent to be charged.

CMHA will provide Project-Based Vouchers for 100% of the units. Rent will be based on the fair market rent (FMR) for efficiency units. The total tenant rent payment will be limited to 30% of the individual's income. Most tenants will have 0 income, and their rent burden will be 0.

On addressing program participant complaints, Beacon 360 has an established grievance policy and procedure. We will work with program partners to ensure that similar grievance policies are incorporated into their standard operating procedures in order for them to be contracted to provide services for this project. Beacon 360 Management will oversee service coordination through its internal service coordination program.

As with all the other developments, Beacon 360 will lead the program development process that will include the creation of standard operating procedures, an eviction prevention plan, a communications plan, and any other policies that will guide how service partners will work collaboratively to ensure community member needs are met and housing stability is achieved. Program participants will be placed in the units using the CoC's Coordinated Entry system, the Unified Supportive Housing System (USHS). The Tenant Selection Plan will conform with the USHS standards ensuring a low barrier entry program.

Beacon 360 will provide property maintenance in accordance with the management plan that will be established for the property. Similar to the other sites managed by Beacon 360, the management plan will include requirements for inventory control, preventative maintenance, capital maintenance including replacement and repair work order implementation, resident neglect/damage, controlled access entry servicing, grounds upkeep, integrated pest management and any other required routine maintenance. Beacon 360 Management will also be responsible for responding to after-hours maintenance emergencies as needed.

- C. Describe the supportive services the project will directly provide to address the target population's needs. What is the anticipated caseload ratio? Type and frequency of supportive services that will be available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for full list of CoC Program eligible supportive services. State whether your organization or another organization will provide supportive services. If other organizations will provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization

will provide direct supportive services with CoCBuils funds, you must include a Supportive Services Budget.

The project will serve individuals and adult only households in the 75 units dedicated to the homeless and disabled population through a variety of supportive services. The remaining 15 units are intended to house non-disabled, re-entry individuals that are at risk of homelessness. The anticipated caseload ratio for the homeless population will be 1:25-30. The frequency of services will be determined by the individual's needs and may include weekly or bi-weekly sessions, as appropriate. Beacon 360 will implement a Housing First approach, utilizing Harm Reduction and other evidence-based practices to ensure residents stabilize and then maintain their stable, permanent housing. Beacon 360 will create opportunities for success by providing residents with individualized support tailored toward their specific housing barriers. All services will be voluntary.

Primary supportive services will include Case Management; Life skills training; Substance abuse treatment services; Mental Health Services.

We will also partner with ancillary service providers to offer additional opportunities such as workforce development, vocational training, GED preparation, and literacy support. Trauma-informed counseling, financial literacy education, and life skills training will cover essential areas like housekeeping, effective communication, critical thinking, decision-making, empathy, self-awareness, stress management, and problem-solving.

The client-led services are based on the stages of change model, fostering strong relationships and frequent resident contacts. Staff collaborate closely with clients to design and implement tailored plans and strategies, with regular assessments and reviews. Case management services will include an initial assessment during case planning, to determine the mutually agreed upon goals (Individualized Housing Stabilization Plan) and expectations. IHSPs are reviewed quarterly. The annual housing assessments part of the Annual Permanent Supportive Housing (PSH) Resident Service Needs & Move Up Assessment is completed within 30 days of the client's anniversary in housing and assesses the client's progress in the previous year and readiness for independent housing.

Work with clients may include a focus on returning to school and pursuing educational goals to ultimately increase income. Additionally, will address behavioral health concerns and work with outside providers to address addiction and other issues based on client needs and desires. Increasing income is important as we look to build a strong community and we will work with local businesses to provide job opportunities. Removing barriers such as transportation, and needed equipment is part of the plan when appropriate.

All supportive services will be provided by third-party service providers, including:

Alvis

2100 Stella Ct, Columbus, OH 43215

Email: makesha.west@alvis180.org Phone: 614-252-8402

The Salvation Army

966 East Main Street, Columbus, OH 43205

Email: mhannan@use.salvationarmy.org Phone: (614) 437-2149

These partnerships will ensure the holistic support needed for participants to achieve stability and independence.

We are not seeking funds from the COC Builds for supportive services.

- D. Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.

Service providers offer limited transportation services including critical needs transportation services to individuals who are receiving case management services or to offsite treatment centers. Public transportation is also available with the nearest stop being .5 miles from the site weekdays 5 am – 11pm Saturdays 5pm-10pm and Sundays 5am – 10 pm.

Beacon 360 is currently in partnership with the Central Ohio Transit Authority (COTA) to provide bus passes under their workforce revitalization initiative and will seek an expansion of the support offered that will allow for a quarterly distribution of 200 bus passes to be used on a first come, first served basis for individuals housed at this project seeking transportation to and from employment or workforce development services.

- E. Describe how the provision of services will be equitable in access to services and how outcomes will be analyzed to ensure equity.

The provision of services will prioritize equitable access by ensuring that all participants, regardless of race, ethnicity, gender identity, sexual orientation, disability status, or other demographics, receive the support they need. To achieve this, we will implement the following strategies:

Culturally Competent Service Delivery: All staff and service providers will undergo ongoing training on cultural competence, implicit bias, and trauma-informed care. This will ensure that services are delivered in ways that are respectful of and responsive to the diverse cultural backgrounds and experiences of participants.

Accessible Services: We will offer services in multiple formats (in-person, virtual, etc.) and provide translation services, ADA-compliant spaces, and accommodation for individuals with disabilities. This will remove barriers that may prevent participants from accessing services due to physical, language, or technological limitations.

Individualized Case Management: Case management services will be tailored to meet the specific needs of each participant, considering their unique challenges and goals. This individualized approach ensures that every participant receives the level and type of support they need to succeed.

Outreach to Underserved Populations: Our outreach efforts will actively seek to engage underserved populations, including those historically marginalized or overlooked by

similar programs. We will use data to identify gaps in service provision and ensure that we are reaching those most in need.

Data Collection and Monitoring: We will use demographic data, service utilization metrics, and participant outcomes regularly to monitor who is accessing services and how well they are benefiting from them. This data will be disaggregated by race, ethnicity, gender, and other key demographics to identify any disparities in access or outcomes.

Equity-Focused Performance Metrics: We will use performance metrics focused on equity, such as ensuring that participants from marginalized communities achieve comparable housing stability, employment outcomes, and overall well-being as other groups. Any disparities that emerge will be addressed through targeted interventions.

Continuous Improvement: Semi-annual feedback from participants and quarterly program evaluations will be used to continuously improve the services offered. Feedback will be analyzed to ensure that the services remain responsive to the evolving needs of diverse populations and that any barriers to equity are promptly addressed. Periodic monitoring of service delivery will be part of the communications plan.

Collaborative Input: We will engage project participants to provide input on service design and delivery. Their insights will help shape policies and practices to enhance equitable outcomes.

The project will also seek to collaborate with the Corporation for Supportive Housing to access technical assistance to implement evidence-based practices.

By embedding equity into both service provision and outcome analysis, we aim to ensure that all participants have an equal opportunity to achieve positive, sustainable outcomes.

- F. Describe how your organization will adhere to operating a project that aligns with Housing First, low-barrier implementation, harm-reduction, and trauma-informed core principles.

Beacon 360 is committed to operating a project that fully aligns with the core principles of Housing First, low-barrier implementation, harm reduction (including safe use, managed use, addressing structural inequities, meeting people where they are without judgment, empowering individuals and encouraging peer support), and all tenets of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and cultural, historical, and gender issues) to best serve individuals in need of stable housing and supportive services. Our primary focus is on offering immediate, permanent housing solutions. We will do this with the understanding that stable housing is the foundation from which other challenges, such as mental health and substance use, can be effectively addressed.

Our intake process will be coordinated across agencies already providing services, including rapid rehousing, emergency shelter, or street outreach teams. The process will

focus on assessing immediate housing needs and providing rapid access to services that foster stability and self-sufficiency. Staff will collaborate with residents to develop Individualized Housing Stability Plans that emphasize personal goals and progress without judgment or coercion, as well as promoting safer choices while respecting individual autonomy. We will emphasize voluntary participation in disability-related supportive services. Fostering a sense of safety, trust, and empowerment, we aim to support residents in healing and rebuilding their lives. Services and interactions are designed to minimize re-traumatization and maximize a person's sense of control over their own journey. The project eligibility is based on CMHA's exclusionary criteria - in its Administrative Plan, CMHA reduced their lookback period for criminal background for people experiencing homelessness to only 1 year from the usual 3-year timeframe, to lower the barrier to entry.

Additionally, the project will have a 24-hour front desk staffing. The goal is to ensure individuals have access to support that will make this development a safe space where people can live with dignity. Controlled access procedures ensure that security measures are both effective and considerate of residents' specific needs.

Beacon 360 uses in its developments a trauma-informed color palette for the interior, ensuring the building's layout and furniture fosters a sense of safety, calm, and comfort.

- G. Describe how program participants will be assisted to obtain the benefits of mainstream health, social, and employment programs (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

Case managers will collaborate closely with participants to identify and submit applications for benefits and services such as Medicare, Medicaid, SSI, SNAP (Food Stamps), and employment programs offered through local workforce development service providers. Beacon360 will refer participants to community resources for employment readiness and opportunities such as Ohio Means Jobs and Goodwill Columbus. Dress for Success provides access to interviews and professional attire. Participants will be referred to Southeast Healthcare's Vocational Services and Project Work. Case managers will use community educational and employment resources, such as job fairs and Ohio Means Jobs.

- H. Describe how program participants will be assisted to obtain and remain in permanent housing (e.g., provides the participant with access to needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).

To support participants in obtaining and retaining permanent housing, all program participants will be offered case management services based on their need and choice. Each individual will have the opportunity to select their own case manager or opt out of services entirely, though opting in will be highly encouraged to ensure comprehensive support.

Beacon 360 Management employs a blended management style across our portfolio and will work closely with service providers to develop a Communication and Eviction Prevention Plan aimed at supporting community members who may be at risk of housing instability.

When a lease violation occurs, Beacon 360 initiates a process that allows the participant to correct the issue over time. Beacon 360 may issue a compliance notice rather than immediately initiating eviction notices. If the behavior continues, Beacon 360 follows up with a 30-day notice to cure. The case manager and property management communicate regularly throughout this process. If the participant disagrees about the violation, the case manager can assist in filing a grievance claim or scheduling a meeting with the property manager.

The case manager works with participants to develop a housing retention plan that addresses property management concerns and meets participants' needs. Services may be required at this point, including representative payee services, community mediation services, drug and alcohol treatment, anger management, and mental health services. The participant may also receive representation from the Legal Aid Society. Eviction action is used only as a last resort.

Beacon 360 will implement VAWA accommodations for any participant who experiences violence. The organization encourages participants to utilize their VAWA protections, which may include a transfer through the Unified Supportive Housing System (USHS) if necessary. VAWA documentation is provided to all participants at lease signing. Beacon 360 staff ensure that participants are informed of their rights regarding protection orders and will provide support throughout the process.

Front desk staffing will ensure crisis intervention and monitors the safety of residents. Closed-circuit cameras allow staff to oversee activities in common areas and respond quickly to emergencies. The front desk staff also supports residents by enforcing breaks from outside friends and acquaintances detrimental to the residents' goal for housing stability by implementing house rules and restricted access procedures.

For participants with disabilities or physical health needs, staff will ensure reasonable accommodations, such as installing durable medical equipment and modifying living spaces. ADA accessible units are available on the first floor of the facility. Beacon 360 will create inclusive and comfortable living environments for individuals with diverse needs to support their housing stability.

8. Implementation Schedule.

- A. Describe the general implementation timeline, including:
- i. Based on type of capital cost requested, provide:
 - New Construction – date construction will begin and end, and date property will be available for move-in. N/A
 - Acquisition - **The projected date for the acquisition is September 30, 2025 – we will acquire this extended stay hotel concurrent with the execution of the HUD grant agreement. We will start negotiations for the acquisition as soon as an award is announced.**

- Rehabilitation – dates rehabilitation of the property will begin and end
 - **Start Date: by February 1, 2026**
 - **End Date: by July 31, 2026**
- ii. Provide the proposed schedule for the following activities:
 - **Site control- by September 30, 2025 – site control will be gained concurrent with the acquisition of the facility.**
 - **Environmental review completion- by June 1, 2025 – prior to the acquisition and grant agreement with HUD.**
 - **Execution of grant agreement- by September 30, 2025 – grant agreement with HUD can be executed as soon as the environmental review is completed.**
 - **Funding: The City of Columbus committed \$2,000,000 for the project available starting 2025 that can be used for rehabilitation purposes.**
 - **Rehabilitation Construction Start Date- by February 1, 2026 – allowing time for the general contractor and architect selection and development and approval of the architectural plans and unforeseen delays.**
 - **Rehabilitation Construction Completion Date- July 31, 2026. The rehabilitation needed is not extensive and can be completed within 6 months – creating the 30 1-bedroom units by adding communicating rooms, repainting, elevator and HVAC work.**
 - **Occupancy Certificate date- August 31, 2026. Working with the City of Columbus partners to minimize the delays in issuance of the Certificate of Occupancy. The recent “Zone-In” zoning changes that were approved by the City of Columbus make it easier for this property to receive its Occupancy Certificate.**
 - **Anticipated Move-in Date- September 15, 2026. From the Occupancy Certificate Date, anticipating accurately this date, the staff can be hired and trained to be ready, and referral of potential applicants from the Unified Supportive Housing System Pool for final eligibility screening and housing approval to lease signing and move-in can be pre-planned as well, to minimize the move-in delays.**

The project must be ready for occupancy within 36 months of award.

9. Property Maintenance.

- A. Demonstrate how you will ensure the property is maintained annually to prevent unnecessary costly repairs. Include how the property will be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling). Identify the source of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair of proposed units.

Beacon 360 Management facilitates all maintenance work, and the maintenance program includes a preventative maintenance plan, a capital needs inspection schedule and plan, emergency maintenance protocols, a semi-annual major system component testing audit, a tenant on demand work order driven plan powered by Real Page Onsite, and an integrated pest management plan. Additionally, community members are occasionally given ongoing opportunities to participate in the B360 G.R.E.E.N program. B360 G.R.E.E. N is an initiative that ensures that all property maintenance key practices are evaluated through the lens of energy efficiency and are aligned with the goal to reduce the negative environmental impact that properties have on the communities around them.

The maintenance program outline by type is as follows:

- **Routine Maintenance:** Routine or short-term type maintenance and repairs will be those cost items and services included in the annual budget to be paid out of the operations and maintenance expense account. Routine Maintenance includes regular maintenance tasks of the project that can be pre-scheduled or planned for, based on equipment availability and property characteristics. Also included are janitorial tasks performed on a regular basis to maintain the appearance of the project and to prevent an accumulation of debris and subsequent deterioration. All cleaning in the community room, office, or laundry will be performed by project maintenance/custodial or by residents participating in the resident stipend program or by outside contractors. Maintenance personnel are required to check smoke detectors and emergency alarms (if applicable) when entering a unit and document that the item(s) were checked and if working. If not working, the maintenance personnel must contact the Site Manager to prepare an emergency work order.
- **Responsive Maintenance:** Requests for responsive maintenance will be received by the office during its operating hours and by the designated person or answering service when it is closed. Written records will be maintained regarding Resident, type of maintenance required, etc. Maintenance personnel are required to check smoke detectors and emergency alarms (if applicable) when entering the unit and document that the item(s) were checked and if working. If not working, the maintenance personnel must contact the Site Manager to prepare an emergency work order.
- **Preventive Maintenance:** A Preventive Maintenance Schedule will be established based on actual equipment installed and manufacturer's manuals and specifications. Maintenance personnel are required to check smoke detectors and emergency alarms (if applicable) when entering a unit and document that the item(s) were checked and if working. If not working, the maintenance personnel must contact the Site Manager to prepare an emergency work order. The project maintenance personnel will perform all preventive maintenance as outlined in the preventive maintenance schedule. Outside contractors will be used when maintenance cannot perform the duties due to time constraints.
- **Long-Term/Deferred Maintenance:** Any long-term maintenance required will have prior approval of HUD. Reserve funds will be used to pay for the expenses.
 - Deferred maintenance are those items that have a predictable life span that can be expected to need care at a later date. A good system of responsive and preventive maintenance can help all components achieve their life expectancy.
 - Life Expectancy is considered when charging residents for damage and when preparing a budget for the community. For these reasons, records are kept of major repairs and replacements to help determine the remaining life of each component. The Regional Director will request these records as needed. Any damage found which would affect the life of a major component is to be reported to the Regional Director. The manager is to also advise the Regional Director when replacement of the same type of component is experienced regularly.

Operating funds will be used for maintenance of the units, using the rental income from the rental subsidies and participant rent. A Replacement Reserve will be established for the replacement of building systems, using the same source of funding.

- B. Demonstrate how the project will be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.

A Replacement Reserve will be established to address the periodic repair or replacement of capital items. Funds will be escrowed monthly in an interest-bearing account and the community will endeavor to maintain a minimum balance of at least \$1,000.00 per unit. The reserve fund will be established in development and the monthly deposit will be made possible through funds received from the project-based subsidy received from the Columbus Metropolitan Housing Authority and participant rent.

10. Unmet Housing Need.

- A. Describe the population that will be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability. Maximum points will be awarded for applicants that demonstrate that there are fewer than 50 PSH beds available in a given year for each 100 people in the population that is proposed to be served.

The target population for the project is individuals experiencing chronic homelessness and disabled by mental illness, substance addiction, dual diagnosis, and/or physical disability. Individuals struggle to overcome severe and persistent housing barriers that may include histories of chronic poverty, alcohol and drug abuse, incarceration, generational and systematic inequities, institutionalization, and trauma impacting their housing stability. The residents have incomes at or below 30% AMI. On average, 50% of head of households will be male, and 67% people of color.

In Columbus and Franklin County, the 2024 Annual Gap Analysis shows a gap of 2,514 placements annually in PSH units. For single adults specifically, the target population proposed to be served, the gap is 2,398 placements annually.

The existing capacity of PSH according to the 2024 HIC is 2,483 units(beds) of PSH for single adults system-wide. These beds turn over at the rate of 15% annually, creating approximately 373 available placements/beds annually, while the need is for 2,771 placements. **To use the analogy in the statement above, in Columbus and Franklin County there are only 13.46 PSH beds available in a given year for each 100 people in the single adult population that is proposed to be served.**

In FY24, in Columbus and Franklin County 5,995 single adults in shelter, transitional housing and in unsheltered locations experienced homelessness (12-month APR information). 211 were determined to be chronically homeless using HMIS experience data and are presumed to qualify for PSH. Of the remaining 5,784, 10% are projected to be diverted to other interventions, 25% are projected to self-resolve and those that do not have disabling conditions that are unlikely to be resolved are targeted for Rapid Rehousing (RRH) – some that will be served in RRH will end up in PSH and their intervention will double up. The community's Transitional Housing (TH) inventory is minimal and targeted to special populations, domestic violence and transitional age youth, 128 beds in total, 23 units for families and 55 beds for single adults and children

only beds (2024 HIC). The majority of the single adults in TH will exit to RRH and only a few will need PSH. In FY24 the single adult population experiencing homelessness self-reported high rates of disability – 36% mental health, 6% alcohol use, 5% drug use, 6% dual diagnosis, 30% chronic health condition, 1% HIV/AIDS, 6% developmental disability, 32% physical disability (12-month APR information). People have multiple disabling conditions but overall, 65% of the single adult population experiencing homelessness self-declared a disability in FY24. Research shows that people tend to underreport their disabilities. However, not all people with disabling conditions will need PSH and realistically we will not be able to create PSH for 65% of the sheltered population. For planning purposes, taking the rate of population that reports mental health, dual diagnoses, HIV/AIDS and developmental disabilities provides the rate of 49% that will assume needs PSH. This rate is applied to the population that experiences homelessness that was not able to be diverted to other interventions and is not chronically homeless, or 5,225. The overall population needing PSH annually is then 2,771 (211+2,560). As noted above, the annual bed turnover from the existing capacity provides 373 available placements, leaving a gap of 2,398 placements annually.

11. Management of Rental Housing.

- A. Do you have rental housing? If yes, describe the rental housing projects you or your subrecipient have managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization's information, type of program participants assisted, and experience. Include the number of grants for affordable housing awarded in the past 3 years and amount of awards, the type of subsidy and or financing provided for the housing. Specify the number of assisted and non-assisted units in each property.

CMHA owns and operates well over 5,000 units of rental housing and contracts with several well-known management companies to oversee daily operations, including Beacon 360, CMHA's partner in this proposal. Beacon 360 Management Inc will be the property manager for this project. Beacon 360 has been in existence for the past 23 years, is led by Celia Kendall, Chief Executive Officer, and is located at 450 N Brice Rd, Blacklick OH 43004. Beacon 360 manages 31 communities, all of which have a homeless preference, and 14 of the 31 communities serve disabled populations. Property management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach. They orient tenants to live in a community by assisting residents with housing-related issues and providing intervention and conflict resolution. Residents are referred to onsite or offsite agencies for supportive services, medical/behavioral/dental health needs, material needs, legal assistance, and other needs.

To support residents in obtaining and retaining permanent housing, all program participants will be offered case management services based on their need and choice. Each individual will have the opportunity to select their own case manager or opt out of services entirely, though opting in will be highly encouraged to ensure comprehensive support. Beacon 360 employs a blended management style and will work closely with service providers to develop a Communication and Eviction Prevention Plan aimed at supporting residents who may be at risk of housing instability.

In the past 3 years the projects below received 7 affordable housing awards totaling \$25,192,627, all subsidized with project based rental assistance vouchers for 100% of the units.

Examples are set forth below of projects that are similar to the concept described in this submission.

Housing Project	Entity managing	Type of program participant assisted	Type of Financing	# of Assisted/# of non-Assisted units	Amount of affordable housing grants (2022)	Amount of affordable housing grants (2023)	Amount of affordable housing grants (2024)
Sawyer/Trevitt	CMHA	Family	LIHTC	253/0	2,216,111	2,408,738	2,548,140
Winchester Lakes	CMHA	Family	LIHTC	150/0	N/A	1,324,078	1,861,638
Sugar Grove	CMHA	Senior	LIHTC	75/0	755,434	846,028	1,053,900
Franklin Station	CMHA	Homeless & disabled	LIHTC, HOME	100/0	1,110,930	1,285,209	1,180,898
Jenkins Terrace	CMHA	Senior	LIHTC	100/0	837,914	911,867	965,967
Poindexter Place	CMHA	Senior	LIHTC	104/0	1,108,942	1,180,067	1,230,054
Maplewood Heights	CMHA	Senior	LIHTC	71/0	733,989	675,438	957,285

12. Coordinated Entry.

A. Demonstrate how the project will use the CoC's coordinated entry process to refer individuals and families experiencing homelessness in the new PH-PSH units. The response must include the coordinated entry process implemented and how program participants will be placed in the project. [the project must participate in the system's USHS]

The Unified Supportive Housing System (USHS) is the coordinated entry system for PSH. USHS was established by Community Shelter Board (CSB); our PHA, Columbus Metropolitan Housing Authority (CMHA); and the Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH) via an MOU effective March 1, 2008. USHS manages units funded through a variety of subsidies including PHA Housing Choice Vouchers, Mainstream Vouchers, Project-Based Vouchers, Emergency Housing Vouchers, CoC Leasing and Rental Assistance programs, and the HOME program.

All system PSH providers are contractually required to participate in USHS, independent of their type of rent subsidy. The CoC's practices are formalized in the Unified Supportive Housing System Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

USHS continuously screens clients for PSH using HMIS data. USHS prioritizes chronically homeless households, then disabled households based on their vulnerability

and length of time homeless, using HUD's notice HUD CPD-16-11. USHS uses a monthly "hotlist" to identify clients who are potentially eligible for PSH based on their current homeless status, history of homelessness, and self-declared disability, along with the chronic homeless status. The USHS Manager proactively reaches out to the Provider Agency servicing the clients and asks them to complete a locally developed standardized assessment, a Severity of Service Needs Assessment (SSNA) for the respective clients alongside documentation required for housing. Provider Agencies can also submit this standardized assessment, the SSNA, for their clients that they believe should be prioritized for PSH to the USHS for scoring. Once the SSNA and the required documentation are submitted, the USHS Manager will score the SSNA and will place the client in the USHS Pool. The USHS Pool is a vulnerability-based pool, meaning that the client's position is based on the need for housing – the higher their SSNA score is, the higher their vulnerability and need for housing is.

Each Housing Provider in the system submits vacancies to the USHS Manager. When a vacancy is submitted, the USHS Manager will fill the vacancy with a referral from the USHS Pool, starting with the client at the top of the pool, assessing the client's eligibility for the vacancy. The client will be matched with the appropriate PSH for further eligibility assessment, also considering client's needs and preferences. Prompt assessments and use of HMIS data reduce the time it takes to link clients to the right housing program. To reduce the burden on people seeking assistance, PSH eligibility and application are centralized. There are no waitlists at PSH sites and no duplicative application processes. Once the client is referred to the PSH site, the Housing Provider, in this case Beacon 360, will work with the client and the Provider Agency servicing the client to make sure the client does meet all eligibility criteria, the client accepts the unit, all required documentation is in place and ultimately that the client signs the lease and successfully moves into the unit. The client does have the right to refuse the unit, or the Housing Provider has the right to refuse for the client for cause, in both cases the client will be returned to the USHS Pool for further referrals to other PSH sites.

13. Coordination with Housing Providers, Healthcare Organizations and Social Service Providers.

- A. Demonstrate either that:
- The project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, **or**
 - The project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project. Describe CMHA's involvement and commitment in the project and attach CMHA's written commitment to the project, if applicable.

This project will leverage non-Coc funds by way of project-based vouchers from the Columbus Metropolitan Housing Authority.

The letter of commitment is attached. CMHA will provide vouchers and own the land and improvements. Beacon 360 will be in sole control of the project by being the managing member of the controlling entity that oversees the day-to-day operations of the community.

Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:

- Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); **or**
- The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the housing and resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

Commitment letter expected by November 5, 2024.

14. Experience Promoting Racial Equity.

- A. Describe your experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.

Beacon 360 Management actively engages underserved communities by soliciting input through advisory panels comprised of individuals with lived experience, focus groups, and surveys during the design and planning phases of housing projects. We collaborate closely with local advocates, service providers, and directly impacted individuals to ensure that the voices of marginalized populations, particularly people of color, inform project decisions. This feedback shapes our approach to service delivery, ensuring that our projects are culturally responsive and tailored to meet the needs of those who have been historically underserved.

At other communities, the involvement of an advisory panel made up of individuals with lived experience has been pivotal throughout various stages of project development. These individuals, who deeply understand the unique challenges faced by the target population, play an integral role in shaping key policies and procedures.

Beacon 360's advisory panels have been instrumental in the design of House Rules and the creation of Multidisciplinary Case Management Plans. Their input ensures that these frameworks are trauma-informed and sensitive to the lived experiences of future residents. For example, one of the panel's most impactful contributions was the recommendation to design master bedrooms with an "open view" concept—incorporating a window or visual opening to alleviate feelings of isolation or entrapment, which can often be a trigger for those with past trauma.

Furthermore, the advisory panel guided the selection of a trauma-informed color palette for the interior, ensuring the buildings' layout and furniture fosters a sense of safety, calm, and comfort. Across our portfolio their involvement also extends to developing controlled access procedures, ensuring that security measures are both effective and considerate of residents' specific needs.

By including the advisory panel in these key decisions, we are able to create an environment that is not only functional but also compassionate, responsive, and attuned to the emotional and psychological needs of its residents. This participatory approach ensures that the final design and policies are both practical and empowering, promoting long-term stability and well-being for the community members.

- B. Describe your experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

Beacon 360 Management has a long-standing history of building strong community partnerships with grassroots and resident-led organizations to provide integrated housing, healthcare, and supportive services. We actively collaborate with local nonprofits, healthcare providers, and community-based organizations to offer a wide range of services, including mental health care, substance use treatment, and employment assistance. A key component of our approach is the creation and support of resident associations, which play a vital role in advising property management and service development decisions.

One example of our successful partnerships is with Licking Memorial Health Systems, a not-for-profit healthcare organization dedicated to improving community health. Recognizing the critical need for onsite healthcare services within residential communities, Beacon 360 proactively established this collaboration at Washington Square Plaza. As a result, Licking Memorial now operates a dedicated healthcare space within the property, providing residents with accessible preventive, routine, and specialized medical services without leaving the premises. This includes wellness screenings, chronic disease management, mental health support, and educational workshops, all of which cater to vulnerable populations, such as low-income residents, individuals with disabilities, and those facing re-entry challenges.

This partnership represents Beacon 360's commitment to holistic community development. By integrating healthcare into the residential experience, we not only address housing needs but also enhance the overall well-being of our residents. Through these collaborative efforts, we foster an environment that promotes health, empowerment, and long-term sustainability for the communities we serve.

- C. Describe your experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

Across its portfolio of communities, Beacon 360 uses a data driven approach to tracking outcomes in key areas where there have been documented racial inequities. These key areas include, but are not limited to, access to vocational training resources, interactions with law enforcement, family reunification, higher education enrollment, and healthcare.

- Our project management team spearheads a series of impactful Community Action Programs also known as CAP, each designed to bring about positive social change and promote community development throughout the year. These programs embody our commitment to employing well-defined project

management methodologies while considering the unique challenges and dynamics of community-focused initiatives.

- **Resident-Led Advisory Panels:** To ensure that our programs reflect the needs and perspectives of racially diverse communities, we established resident-led advisory panels comprised of individuals with lived experiences of homelessness, including people of color. For example, in our Washington Square Plaza development, the advisory panel played a critical role in shaping the House Rules and service delivery models. Their insights led to the incorporation of culturally relevant programming, such as cooking classes focused on traditional cuisines and wellness workshops that consider cultural practices and beliefs.
- **Data-Driven Equity Assessments:** This includes analyzing data on housing placements, service utilization, and resident outcomes disaggregated by race. In response, we adjusted our outreach strategies to engage these communities more effectively and partnered with local organizations to provide targeted support. Some Partnerships include The Aids Taskforce of Greater Cleveland, Fit to Navigate, and Kaleidoscope Youth Center.
- **Trauma-Informed Care Training:** All staff members at Beacon 360 undergo regular training on trauma-informed care and cultural competency. This training equips them with the skills needed to understand the unique experiences and challenges faced by residents of color, ensuring that services are delivered in a respectful and supportive manner. We have seen positive feedback from residents regarding their comfort and trust in staff, which has contributed to better engagement and service utilization.
- **Employment and Job Training Programs:** We have developed job training programs where we collaborate with local agencies who offer workshops that address barriers to employment, such as resume building, interview skills, and financial literacy. We have hosted job fairs at our communities specifically tailored to residents, connecting them with employers who are committed to diversity and inclusion in their hiring practices.

15. Community Integration for Persons with Disabilities.

- A. Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community. The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.

Permanent Supportive Housing (PSH) allows residents to choose available housing, health care, and long-term services that meet their unique needs and preferences. The goal in the creation of this project is to create an environment that provides residents with a housing environment that allows them to live with dignity and in safety. Each referred person has the choice to refuse the housing referral and will be sent back to the Unified Supportive Housing System for a subsequent housing referral, in case of refusal.

Upon the completion of the initial application for housing and upon lease signing, new residents will be educated about the community, the services offered, the roles and responsibilities of property management and service partners as well as their responsibilities as community members.

The property manager and the primary case management partner will co-lead the initial lease signing to ensure the resident feels comfortable and is informed about the commitment they are making in signing a lease. The resident also has a choice to not elect the case management support. Each program participant has choice about the provision of healthcare, including primary care, behavioral health, and specialty care tailored to their needs, and Beacon 360 will facilitate linkage to the right provider of choice. All supportive services are voluntary and available to support the person's integration in the PSH community and the surrounding neighborhood. If the resident prefers to work with a case manager with whom a relationship is already established, the existing case manager can be substituted to offer support.

This project is in an area with public transportation and amenities, fostering larger community integration. This approach encourages participants to engage in social, educational, and employment opportunities, reducing stigma and enhancing their ability to contribute to the community. This project is in the Northland neighborhood of Columbus. Community Shelter Board, the Unified Funding Agency for the CoC, engaged with the local Northland Community Council since 2022, to discuss development of permanent supportive housing in the neighborhood and gain the community's support. CSB continues to participate in Quarterly Good Neighbor meetings with their leadership. This Good Neighbor approach allows for open communication, keeps the Northland Community Council apprised of all system operations and contributes to the integration of all developments and homelessness system residents in the neighborhood. The Northland leadership now routinely gives updates about community events and invites residents' participation. Beacon 360 will start participating in the quarterly Good Neighbor meetings if this project moves forward.

The PSH units will be part of a mixed-use development, out of the 90 units in the building, 75 will be dedicated to households that are disabled and 15 will be dedicated to households that are not disabled.

16. Section 3 Requirement.

- A. Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons. This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities that result from their receipt of other HUD funding.

CMHA requires their General Contractor to comply with Section 3 and includes an exhibit in its contract with the Section 3 requirements. The General Contractor will post signs at the rehabilitation site to look for Section 3 labor. Typically, the General

Contractor sets up an email account for potential Section 3 workers who wish to be employed. The General Contractor stores these potential laborers in their system to develop a pool of Section 3 people who could be contacted when a laborer is needed on a construction or rehabilitation job.

The General Contractor requires all subcontractors to include Section 3 in their hiring considerations and to provide documentation related to Section 3 to the General Contractor so that they can report on Section 3 activities at the job site. General Contractors have also sought out unskilled labor from local labor companies such as Labor Ready and the General Contractor includes the Section 3 opportunity and documentation in their outreach to these labor companies.

A job fair will be hosted at the beginning of the rehabilitation work with all subcontractors onsite to interview and provide opportunities for employment on the jobsite.

The project will have a live-in resident manager. Hiring for this position will include a prioritization for low-income persons and/or people with lived experience who meet the other basic employment criteria. Additionally, there is an opportunity for the property manager to hire and train low and very-low-income persons for facilities maintenance positions.

17. Financials

- A. List anticipated sources of capital funding and the projected capital request for funding from the CoCBuild for new construction, acquisition or rehabilitation. Add rows as needed.

Capital and Development Costs for 90 units				
Funding/Financing Source & Program	Type	Amount	Status	Projected Cost Per Unit
CoCBuild	Grant	\$7,500,000	Will apply	\$83.3k per unit
City of Columbus	Grant	\$2,000,000	Confirmed	\$22.2k per unit
Total		\$9,500,000	Will apply	\$105.5k per unit
Uses of Funds				
Acquisition Costs	Acquisition	\$7,500,000	To be negotiated	\$83,333 per units
Administrative Costs	Admin fee	\$250,000	Per CoCBuilds proposal	\$2,778 per unit
Rehabilitation Costs	Rehab – add communicable doors to reduce from 121 to 90,	\$1,750,000	TBD	\$19,444 per unit

	paint, HVAC and elevator work			
Total		\$9,500,000		\$105,555 per unit

The City of Columbus committed \$2,000,000 to the project, available starting in CY2025, that will be used partially as a match and partially to cover the costs with the units that are dedicated to the non-disabled population. Using the 83.33% rate of homeless and disabled to overall units in the project (75/90), the project cost information is below.

Uses of Funds	HUD	City	Total	HUD Rate
Acquisition Costs	\$6,249,750	\$1,250,250	\$7,500,000	83.33%
Administrative Costs	208,325	41,675	250,000	83.33%
Rehabilitation Costs	1,041,925	708,075*	1,750,000	59.54%
Total	\$7,500,000	\$2,000,000	\$9,500,000	78.95%

*416,403 of the City of Columbus funding will be used as match. With this match, the development cost for the homeless/disabled unit matches the overall cost/unit.

- B. List anticipated sources of services funding and projected services request for funding from the CoCBuild, if applicable. No more than 20% of the total budget request can be requested from the CoCBuild funding for supportive services. Add rows as needed.

Services for 75 units				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
HUD CoC Services	Grant	\$400,000	to be applied for by August 2025	\$5,333 per unit

- C. List anticipated sources of operations services funding. Add rows as needed.

Operations for 90 units				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
CMHA	PBV Assistance	\$1.3M+/-	Will apply	\$14,900+/-/year

- D. What is the anticipated cost per household served? Ensure the cost aligns with historical information of like-projects. Attach a Capital Budget, an Operating Budget and a Services Budget.

CoC/CSB: Capital Cost Per Unit: \$105,555	Annual Services Cost Per Homeless Unit: \$5,333	Annual Operating Cost Per Unit: \$14,900
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18. Co-Applicants

- A. Identify the role of each project partner, if applicable.
CMHA would be the applicant and own the land and improvements. CMHA would also provide a PBV contract based on the above contingencies.

Beacon 360 is the co-applicant and sub-grantee and will control and operate the asset as the managing member and controlling entity.

- B. Describe each co-applicant/project partner's financial commitment.

Beacon 360 would be taking on the project as the managing member including all risks associated with the asset.

Any additional property cashflow would be split between CMHA and Beacon 360.

- C. If not an HMIS user, describe your agency's experience with data entry and reporting, and how you use data.

CMHA and Beacon 360 Management regularly collects, analyzes, and reports information annually regarding the number of homeless individuals and families that enter its programs and for which housing and services are provided.

As a contracted agency with the Community Services Board (CSB), Beacon 360 will utilize HMIS.

19. Required Documentation

Attach the following documents to the concept paper prior to submission. This section is not required if the lead agency is already a funded CSB partner agency.

<input type="checkbox"/>	501 (c) 3 letter from the IRS
<input type="checkbox"/>	Registration with the Ohio Secretary of State
<input checked="" type="checkbox"/>	Current Board roster with employers, relevant experience and tenure with the Board See attached Board Roster
<input checked="" type="checkbox"/>	Most recent audit
<input type="checkbox"/>	Most recent 990

CMHA is not a 501(c)(3) and does not have a letter from the IRS. CMHA also does not register with the State of Ohio and does not file a 990. Attached is a recent audit report and a list of CMHA's Board Commissioners.

The acquisition, financing, and operational subsidy set forth in this proposal are subject to authorization by CMHA's Board of Commissioners.



**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

September 20, 2024

Ms. Shannon Isom
Community Shelter Board
355 East Campus View Blvd.
Columbus, Ohio 43235

Re: Columbus and Franklin County Continuum of Care Builds NOFO – Subsidy Commitment

Dear Ms. Isom:

I am writing in my position as the Chief Program Officer of the Columbus Metropolitan Housing Authority (CMHA) to confirm our commitment to provide Project-Based Housing Choice Voucher (PBV) subsidy for the project to be acquired by CMHA in collaboration with Beacon360 ("CMHA/Beacon360 Project"). The CMHA/Beacon360 Project will be a maximum ninety (90) unit development located at 6275 Quarter Horse Dr., Columbus, OH. The development will consist of a maximum of 60 studio/efficiency apartment units and 30 one bedroom units affordable to households from 0% to 30% of the AMI. Of these units, 75 are intended for homeless and disabled households and 15 for non-disabled households.

CMHA commits to providing a Housing Assistance Payment Contract for a maximum of ninety (90) units at the project with the HAP Contract having a term between fifteen (15) and twenty (20) years. Based upon HUD-published FMR values for 2024, CMHA commits to providing the following subsidy:

Unit type	#Units	Gross Rent	Utility Allowance	Net Rent
Efficiency Units	60	\$1,214	0	\$1,214
One Bedroom Units	30	\$1,313	0	\$1,313

Please note that this commitment is conditioned on the following: HUD approves the site's Environmental Part 58 Review, if required; CMHA's Board approves the PBV contract, funding and subsidy allocation; all proper City zoning laws can be met; the project is eligible by a competitive process; and, funding is available at the time of contract signing.

If you have any questions regarding this letter, please do not hesitate to call 614-421-6244.

Sincerely,

Scott W. Ammarell
Chief Program Officer
Columbus Metropolitan Housing Authority



2100 Stella Court
Columbus, OH 43215
(614) 252-8402
alvis180.org

October 28, 2024

Celia M. Kendall
Chief Executive Officer
Beacon 360 Management Inc.
451 E. Mound Street Columbus, Ohio 23213

Dear Celia,

We are thrilled to announce our commitment to partnering with Beacon 360 Management and The Columbus Metropolitan Housing Authority in delivering high-quality substance abuse treatment services for the full use period of your proposed HomeTown housing project. Our goal is to enhance the well-being of 75-121 residents while promoting a supportive and thriving community. The value of this commitment is: \$10,000 in-kind match.

At Alvis, we understand the unique challenges faced by individuals navigating substance use issues. We are dedicated to providing comprehensive case management, one-on-one counseling, and dynamic group therapies tailored to each resident's needs. Our passionate team of professionals brings a wealth of experience and a compassionate approach, ensuring that everyone feels supported on their journey to recovery.

We believe that a stable living environment plays a critical role in successful treatment outcomes, which is why we are eager to integrate our services within your housing program. Together, we can create an atmosphere of healing and growth, where residents can flourish.

Thank you for this wonderful opportunity to collaborate in fostering a healthy, vibrant community. We are excited to start this journey together!

Warm regards,

A handwritten signature in blue ink, appearing to read "Linda Janes".

Linda Janes
Chief Operating Officer
Alvis, Inc

Permanent Supportive Housing
CoCBuils NOFO Concept Paper

1. Agency and Project Information	
Project Title: Homefull Dublin Granville PSH	
Lead Organization (project sponsor): Homefull	
Mailing Address: 2621 Dryden Road Suite 302 Moraine Ohio 45439	
Contact person: Tina M. Patterson	
Telephone:937-262-4622 Fax 937-2938-150: E-Mail: Tina M. Patterson	
If you are submitting a project on behalf of a group of agencies/organizations, list any agencies you intend to propose as sub-recipients or subcontractors.	
2. Authorization	
<i>Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the Continuum of Care (CoC) Builds (hud.gov) Notice of Funding Availability.</i>	
Lead Organization: Homefull	Date:9/19/2024
Authorized Signature: <i>Tina M. Patterson</i>	
Name/Title: Tina M. Patterson CEO	
Co-Applicant Organization: The Finch Group	Date:9/19/2024
Authorized Signature: <i>Brad Carmen</i>	
Name/Title: Brad Carmen President	
Co-Applicant Organization:	Date:
Authorized Signature:	
Name/Title:	

3. Description & Experience of Applicant Organization(s)		
Answer each of the questions below. Answer the questions for all agencies involved in the project.		
A) Are you an incorporated non-profit organization and have you received IRS 501(c)3 status?	Yes X	No
B) How many years has the lead agency been in existence?	36	
C) If there are other agencies involved with the project, how many years has each of them been in existence?	41	
D) List the agency's total annual budget for the current fiscal year.	\$13,390,364	
E) What is the proposed site's address? 1289 Dublin Granville Road, Columbus Ohio 43229		
F) Do you have site control?	Yes X	No

If you are not currently providing housing for formerly homeless individuals, address the following questions.

G) Describe the agency's mission and purpose and explain how the proposed project is consistent with the agency's mission.
H) Describe the agency's principal programs and services.
I) Describe the number and type of staff the agency employs.
J) Describe the agency's experience providing services for the target population or other special needs populations.
K) Describe the agency's experience providing housing for the target population or other special needs populations.
L) Describe the agency's experience working with neighbors of other developments.
M) List the agency's key accomplishments from the past three years.

4. Proposed Housing Model

Check the box(es) that matches the type of housing for which you are seeking funding.

<input type="checkbox"/>	Multiple Buildings, Single Site
<input checked="" type="checkbox"/>	Single Building

<input type="checkbox"/>	Permanent Supportive Housing (PSH)
<input checked="" type="checkbox"/>	PSH through hotel/motel conversion
<input type="checkbox"/>	PSH through other conversion
<input type="checkbox"/>	PSH through modal/modular building

Describe the site and proposed model.

Homefull's Proposed Motel Conversion project will convert a traditional 1980's motel of 70 efficiency units into a PSH program with onsite supportive services and amenities along with 24 hours onsite security. The supportive services will provide housing focused case management with additional Medicaid reimbursed services specifically designed for tenants with severe and persistent mental health diagnosis. Homefull will work on increasing incomes, linkage to mainstream benefits and employment opportunities. The project is located in the Columbus neighborhood known as Northland and is home to approximately 97,000 residents. Covering a 25 square mile area, the neighborhood is now home to a bustling immigrant population that began increasing in the early 2000s as well as a mix of lifetime residents and young families. Approximately 40% of the population of Northland identify as Black, 30% White, 10% Hispanic/Latino, 7% Asian, 6% identify as 2 or more races, 1% American Indian/ Indigenous, and the rest a mix of other races. From 2010 to 2020, the number of minority residents grew by 45% with now about 64% of the total population identifying as a minority group. Specifically, immigrants from Nepal, Somalia, and Bhutan have increased in population in Northland. The Northland neighborhood has one of the only Somali shopping centers in the country, for example.

The median age in the Northland area is 35 years for males and 37 for females and the average household size is 4.7 people. 49% of the households are families with 17% of the households being led by single-mothers. Approximately 55% of the people who live in Northland were born in Ohio and 17% were born in another U.S. State, indicating approximately 26% were born in another country. About 1/3 of the population of the Northland Area have lived there for 5 years or more.

There is a mix of socio-economic demographics in the Northland Area. With 20% of the population below the poverty level, this is slightly higher rate than the Columbus area. The median income is reported at \$97,146. It is estimated that 48% of the population owns their home and 38% are currently renting, with the remainder being reported as vacant.

The proposed site located at 1289 Dublin Granville Road is in close proximity to the following amenities:

Grocery stores:

Freetown Supermarket International Grocery - .3 miles away; 7minute walk
 Dollar General - .6 miles; 13minute walk
 Sandalwood Market - .9 miles; 20minute walk
 Kroger – 2.5 miles (on bus line 8- about 25minute ride)
 Save A Lot – 2.6 miles (on bus line 8 – about 32minute ride)
 Northland Market – 2.6 miles

Laundry:

North Meadows Laundry - .7 miles

Laundry Max – 1.4 miles

Bus stops:

Ste Rte 161 and Satinwood Dr. - .1 miles; 3 min walk (8/35/43 lines)

Ste Rte 161 and Ambleside Dr. - .2 miles; 4 min walk (8/35/43 lines)

Boardwalk St. and Shapter Ave - .5 miles; 13 min walk (4 line)

5. Type of Development

Check the box(es) that best describes the type of development you are proposing.

<input type="checkbox"/>	Construction of a new building
<input checked="" type="checkbox"/>	Rehabilitation of an existing building
<input checked="" type="checkbox"/>	Acquisition of an existing building (adaptive reuse and conversion)

6. Development Experience and Leveraging

- A. Do you have development experience with at least 4 other projects that have similar scope and scale as the proposed project? Describe below each of the projects you have experience with as a developer.

Homefull and The Finch Group (TFG) the codeveloper and subgrantee, have extensive development experience that is directly applicable to the subject property. Four projects that exemplify this are:

1. Hitchcock Housing: Hitchcock Housing is a unique partnership between The Finch Group (TFG) and the Hitchcock Center for Women (HCFW). TFG serves as the lead developer of the project. HCFW is the current owner of the site. The project involves the construction of a 53-unit permanent supportive housing building in Glenville, Hough, St. Clair-Superior area of Cleveland, Cuyahoga County, Ohio. The project is developed using Low-Income Housing Tax Credit (LIHTC) financing and targets low-income households at risk of homelessness. The project targets households with incomes of up to 30% and 50% of Area Median Income (AMI). The project will feature 30 studios, 21 one-bedroom and 2 two-bedroom units. All 53 project units will benefit from Project Based Vouchers (PBVs) provided by Cuyahoga Metropolitan Housing Authority. Besides adding much-needed affordable housing, this component of the larger Hitchcock mission compliments the services of the Hitchcock Center for Women. Hitchcock Center for Women (HCFW) provides treatment and recovery for women experiencing substance, drugs and alcohol, abuse issues. Many of its clients come from abusive homes, currently are homeless and/or are responsible for at-risk children. The project is currently under construction and is expected to be completed in Q2 of 2025. Once completed the project will be managed by Signature Housing Solutions, an affiliate of TFG.

2. Venture Place: The Fairfield ADAMH Board is developing a 24-unit housing facility that provides stable and affordable homes for individuals or families facing chronic homelessness, disabilities, mental health issues, or other significant barriers to housing stability. The project will be named Venture Place and will be located in Lancaster, Ohio. While there was no formal developer, TFG was brought on early in the project as

a consultant, performing many of the same functions a developer would. The project will operate with 24 project-based vouchers provided by the Fairfield Metropolitan Housing Authority. Units will be restricted to those earning below 30% and 50% of area median income. There will be 24 one-bedroom units located in the three-story building. The project combines safe and comfortable housing units with comprehensive supportive services to promote residents' well-being, self-sufficiency, and community integration. TFG raised over \$2.5 million dollars through competitive funding sources for the project, which is currently under construction and is expected to be complete in Q4 of 2025.

3. Glenville Circle North: In 2018, TFG was selected as the developer for Cleveland Mayor Jackson's initial Neighborhood Transformation Initiative. The development, Glenville CircleNorth, consists of 63 affordable housing units, 4,500± square feet as the City's startup incubator and 9,000± square feet of co-working space. The project, fully supported by the Glenville Neighborhood, has already provided the catalyst for further homeownership and development on the historically significant E 105th corridor. TFG has worked collectively with the City of Cleveland and Famicos Foundation in stabilizing the Glenville Neighborhood.

4. Homefull Family Living Center: The Homefull Family Living Center (FLC), located at 829 S. Gettysburg Avenue, Dayton, OH 45417, is a 34-unit Permanent Supportive Housing complex originally built in 1950. The complex consists of six residential townhouse buildings with two-story two, three and four-bedroom apartments. A seventh building contains on-site offices for management and social services, as well as after school care, donation storage and maintenance spaces. A new playground and community garden are located at the center of the complex. FLC provides housing for homeless families of all sizes. This facility is one of the only places in Montgomery County that can provide housing for an entire family, including children, with on-site social services. It is operated with assistance of a project-based housing payments assistance contract from Greater Dayton Premier Management and with operating funds from the Ohio Development Services Agency. Supportive Services funding is from the Montgomery County Human Services Levy, local foundations and Medicaid. Homefull played an integral part in rehabbing the property by using Low-Income Housing Tax Credits. Homefull serves as the owner and manager of the property.

- B. Do you have experience leveraging resources similar to the funds being proposed in the current project with at least 3 other projects that have similar scope and scale as the proposed project? (similar resources: LIHTC, HOME, CDBG, Section 108, Section 202, Section 811). Describe below each of the projects you have experience with as a developer and describe in detail up to 5 resources being leveraged for each project, by dollar value being contributed to the project in descending order.

Both Homefull and The Finch Group (TFG), the codeveloper, have extensive experience leveraging considerable resources to bring projects to life. Please see the following project examples:

1. Hitchcock Housing – TFG Developer/Manager of 53 PSH units in Cleveland

- \$8,315,168 in tax credit equity provided by the National Equity Fund (NEF). The development team had been awarded 4% tax credits by the Ohio Housing Finance Agency (OHFA).
- \$5,500,000 in HOME-ARP funding provided by OHFA.
- \$2,500,000 in permanent loan proceeds provided by The Cambridge Trust.
- \$735,480 in HOME-ARP funding provided by the City of Cleveland.

- \$500,000 in Emergency Funding provided by Cuyahoga County.

2. Terrace Gardens – TFG Developer of 99 unit housing for seniors and disabled in Licking County Ohio

- \$15,320,000 in Tax Credit Equity provided by Ohio Capital Corporation for Housing. The development team was awarded 4% tax credits by the Ohio Housing Finance Agency (OHFA).
- \$9,730,000 sellers note provided by Licking Metropolitan Housing Authority.
- \$6,175,000 in permanent loan proceeds provided by Lument.
- \$2,475,000 in National Housing Trust Funds provided by the Ohio Housing Finance Agency.
- \$611,955 in capital funds provided by the Licking Metropolitan Housing Authority.

3. Homefull Family Living Center – Homefull Co-Developer/Manager of 34 PSH units for families in Dayton Ohio

- \$5,453,447 in Tax Credit Equity provided by Ohio Capital Corporation for Housing. The development team was awarded 9% tax credits by the Ohio Housing Finance Agency (OHFA).
- \$450,000 in Federal Home Loan Bank funding from River Hills Bank.
- \$200,000 in HOME funding from Montgomery County.

- C. Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance vouchers, and other resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), provide cost per unit information on each housing type to the extent possible.

This project received an award of project-based rental assistance vouchers from the Columbus Metropolitan Housing Authority. This was a key step in ensuring the financial viability of the project during the operating period. We were awarded 70 PBVs to be utilized at the project covering 100% of the units valued at over \$800,000 annually with a commitment of 15 years. The 4% Low-Income Housing Tax Credits from the Ohio Housing Finance Agency (OHFA) will provide additional funding needed for rehabilitation above this request. The Four Percent Qualified Allocation Plan is published annually by OHFA. Four percent credits are non-competitive, thus the project has a very strong chance of funding. Applications are submitted to OHFA on a rolling deadline. As a result, the development team plans to apply as soon as threshold documentation is obtained. In addition to tax credit equity and grant funding provided by the CoC Builds NOFO, we will pursue an Affordable Housing Program (AHP) Grant provided by the Federal Home Loan Bank. The project is directly in line with the project types that are sought after under the AHP program. We expect to apply for grant funding in July 2025, with awards being announced in Q4 of 2025. At this time, we believe the maximum number of tax credits we could qualify for would be \$590,360 annually. Based on tax credit pricing, this would generate app. \$5.1M of tax credit equity. For the AHP grants available in 2025, we assume a \$1.5M award in our budget. The development team is also going to apply to the City of Columbus for gap financing. We currently estimate our requested amount to be \$2.1M. We project the full cost of the acquisition and rehabilitation to be approximately \$16,993,854, including a deferred developer fee component of \$720k, or \$242,769 per unit. This includes just over \$123,000/unit in hard construction costs.

In the table below, show the total number of proposed units in the project, how many units will be designated for people experiencing homelessness, how many units will be supported with Columbus Metropolitan Housing Authority (CMHA) vouchers, and how many units are designated for other populations, if applicable.

Total Units (#)	70
Homeless Units (#)	70
Non-Homeless Units (#)	0
CMHA voucher units (#)	70
CMHA voucher units (%)	100%

- D. If there are current properties under construction or rehabilitation where CoCBuils funds could be used to obtain units, provide:
- the amount and type of funds being used to construct the property;
 - evidence of site control;
 - evidence of completed and approved environmental review;
 - identify the owner of the property and their experience with constructing or rehabilitation; and
 - the number of units that will be finished using CoCBuils funds.

NA

7. Managing Homeless Projects.

- A. Do you have experience administering at least 4 other projects for individuals and families experiencing homelessness where one member of the household has a disability?

1. Hitchcock Housing: Hitchcock Housing is a unique partnership between The Finch Group (TFG) and the Hitchcock Center for Women (HCFW). TFG serves as the lead developer of the project. HCFW is the current owner of the site. The project involves the construction of a 53-unit permanent supportive housing building in Glenville, Hough, St. Clair-Superior area of Cleveland, Cuyahoga County, Ohio. The project is developed using Low-Income Housing Tax Credit (LIHTC) financing and targets low-income households at risk of homelessness with incomes of up to 30% and 50% of Area Median Income (AMI). The project features 30 studios, 21 one-bedroom and 2 two-bedroom units. All 53 units benefit from Project Based Vouchers (PBVs) provided by Cuyahoga Metropolitan Housing Authority. Besides adding much-needed affordable housing, this housing compliments the services of the Hitchcock Center for Women. Hitchcock Center for Women (HCFW) provides treatment and recovery for women experiencing substance, drugs and alcohol abuse issues. Many of its clients come from abusive homes, currently are homeless and/or are responsible for at-risk children. The project is currently under construction and is expected to be completed in Q2 of 2025. Once completed the project will be managed by Signature Housing Solutions, an affiliate of TFG.

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a developer would. The project will operate with 24 project-based vouchers provided by the Fairfield Metropolitan Housing Authority. Units will be restricted to those earning below 30% and 50% of AMI. The project combines safe and comfortable housing units with comprehensive supportive services to promote residents' well-being, self-sufficiency, and community integration. TFG raised over \$2.5 million dollars through competitive funding sources for the project, which is currently under construction and is expected to be complete in Q4 of 2025.

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- B. Describe how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties.

In general, a combination of factors determines the rent. Based on bedroom size, Homefull evaluates: the published fair market rent, the Housing Authority's payment standard if the unit carries a voucher, LIHTC restrictions if the units have tax credits associated and utility allowance information dependent on the unit.

Specifically for this facility, the rent for these efficiency units will be determined in collaboration with the Public Housing Authority (CMHA) that committed project-based vouchers and will be set through a Housing Assistance Payment Contract.

The amount of rent or occupancy charges owed by the program participant is calculated using the family's annual income less allowable deductions. PSH rent will not exceed either 30% of the household's monthly adjusted income or 10% of the households' monthly gross income or the portion of the household's assistance if any that is designated for housing costs. Generally, it is based on six factors: Number of people in

household; Age of people in the household; Anticipated income; Anticipated expenses; Anticipated allowances; Anticipated household-paid utilities.

As it relates to participant concerns, Homefull utilizes the property management software system Yardi Breeze that tenants have access to report maintenance and any other tenancy related issues that need to be addressed. Additionally, through property management inspections, case management or onsite staff and tenants can report all issues immediately. Homefull also has a 24-hour call line for issues that need immediate attention. Tenant meetings are regularly scheduled for discussion of any other issues and provide an opportunity for tenants to voice concerns and complaints.

Homefull works both individually and/or collectively with organizations to address needed services for tenants residing in our properties. These are done via referrals for individual tenant related services, while services such as food, healthcare and employment opportunities are done through onsite groups and or meetings for tenants to choose to be involved at a level they are comfortable with. All tenant referrals come from the Unified Supportive Housing System (USHS), the local coordinated entry system. The USHS refers the highest priority client to begin the housing application process. Homefull works with the community organization servicing the client experiencing homelessness to house them.

Property maintenance is important to Homefull and a responsibility we take seriously. Our managed units are inspected monthly with regular preventative maintenance being conducted such as pest control, HVAC, regular vent changes and just assurances that each unit is being cleaned and maintained. Issues are noted in our property maintenance software which allows us to track and report on regular maintenance ticks and any unresolve issues.

- C. Describe the supportive services the project will directly provide to address the target population's needs. What is the anticipated caseload ratio? Type and frequency of supportive services that will be available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for full list of CoC Program eligible supportive services. State whether your organization or another organization will provide supportive services. If other organizations will provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization will provide direct supportive services with CoCBuils funds, you must include a Supportive Services Budget.

The service philosophy of Homefull is based on providing compassionate, individualized, culturally sensitive, voluntary services designed to help tenants meet their own goals for self-sufficiency and self-determination. Joint Case Planning includes consideration of the functional abilities, formal and informal networks, social context, strengths and barriers. Based on the assessed and expressed needs of the household, case managers 'package together' different types of support to meet those needs. The case planning process identifies household issues and concerns that contribute to challenges and creates a pathway to resolution of those issues. Income supports and rent supplements are an important part of client-driven supports. Supportive services are offered through a coordinated effort among the service staff, community-based partners, and the tenants themselves —ensuring a healthy living environment for all. Homefull's interdisciplinary team of positive professionals focuses on helping participants to:

- strengthen residential and domestic stability,
- abide by leasehold obligations,
- increase incomes, benefits, employment and improve budgeting skills,
- develop and maintain individualized support systems,
- become good neighbors, and
- maximize their capacity for independent living.

Case management contact is based on individual needs and consists of daily, weekly, and/or monthly contacts. Service contacts may include office visits, home visits, a housekeeping inspection (in tandem w/ property management), case conferences, and community-based appointments. Based on specific scopes of practice, Homefull staff has increasing levels of clinical credentialing and professional licensure and at a minimum are trained as Qualified Mental Health Specialists (QMHS) and follow the National Association of Social Workers (NASW) Code of Ethics. This team receives direct supervision and mentoring from a Program Manager with oversight by Homefull's Executive Management. Homefull is certified by the Ohio Department of Mental Health and Addiction Services (MHAS) to provide Behavioral Health Counseling & Therapy, Community Psychiatric Supportive Treatment, Mental Health Assessment & Education, and Referral & Information. These specific services are Medicaid billable.

Homefull will provide case management services and will maintain a caseload ratio of 1-35 with additional onsite specific Medicaid reimbursed services focused on removing barriers to housing instability. Case managers will schedule appointments for tenants based on need. At a minimum case managers will have contact at least once monthly for either a case planning session, in office or a home visit in their unit. Case planning will occur and will be regularly updated as progress is being made. Homefull will assist tenants from move-in to determine what is needed to ready their units and assess their needs for essential items needed. Homefull's case management services will include an initial assessment during case planning, to determine the mutually agreed upon goals and expectations. Work with clients may include a focus on returning to school and pursuing educational goals to ultimately increase income. Additionally, Homefull will address Behavioral Health concerns and work with outside providers to address addiction and other issues based on client needs and desires. Increasing income is important as we look to build a strong community and Homefull will work with local businesses as well as our own organizational opportunities to provide job opportunities. Removing barriers such as transportation, and needed equipment is part of the plan when appropriate.

Homefull believes the pillar to housing stability is housing, food and jobs. Our case plans focus heavily on providing those resources either through our own programming or partnering with other providers. Having access to all these items is the basis of all case planning. Food pantries onsite with both emergency needs and ongoing are provided at our PSH programs and will continue through this project as well.

We are not seeking funds from the COC Builds for supportive services.

- D. Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.

Homefull provides transportation assistance through a variety of sources. Case managers provide assistance in their own vehicles or agency owned vehicles when working with clients to assist in getting to appointments, pantries, employment interviews and various other case management related activities. When appropriate Homefull will also provide coordination with other providers of transportation assistance or will provide public transportation assistance with bus passes. The following bus routes are in the vicinity of the facility:

Ste Rte 161 and Satinwood Dr. - .1 miles; 3 min walk (8/35/43 lines); 5 am-11pm weekdays and 5am to 10 pm weekends; every 15 minutes
Ste Rte 161 and Ambleside Dr. - .2 miles; 4 min walk (8/35/43 lines); 5 am-11pm weekdays and 5am to 10 pm weekends; every 15 minutes
Boardwalk St. and Shapter Ave - .5 miles; 13 min walk (4 line); 5 am-11pm weekdays and 5am to 10 pm weekends; every 15 minutes

- E. Describe how the provision of services will be equitable in access to services and how outcomes will be analyzed to ensure equity.

Equity and inclusion are core values of Homefull and are embedded into our direct service work. A Housing First philosophy guides this work. For PSH projects in which Homefull is involved, we advocate for inclusion of BIPOC and other disproportionately underrepresented groups in program referrals. Once clients are entered into Homefull PSH, they receive a Consumer Handbook noting in writing our organization's core values, vision, mission, and DEI commitment. In practice and verbally, there is a review of Homefull's Strategic Plan and DEI Plan initiatives with clients. For each Housing Program, there is an anonymous client feedback mechanism that includes Housing specific and DEI-specific questions within semi-annual satisfaction surveys as well as Suggestion Box. DEI & Clinical Directors also serve on the Staff Training Committee to ensure cultural competencies of staff within Program Sites. The DEI Committee conducts on-site meetings with clients and staff. For client case plans and discharge planning, there is a clinical review and approval of client-specific linkages to community resources and support networks.

Part of Homefull's robust performance and quality improvement (PQI) efforts a quarterly tracking of client feedback and demographic data helps identify disparities in service utilization among different population groups. The biannual satisfaction surveys identify areas for improvement. Homefull's compliance and quality assurance team ensures data is entered into the Homeless Management Information System timely and is checked at a minimum monthly for accuracy and to explore trends in performance. Key areas for improvement are identified and a plan is developed for addressing low performing areas. Additionally, Homefull incorporates the Community Shelter Board's quarterly indicator report to see how Homefull programs compare to the system's performance and if Homefull is meeting agreed upon targets. Specifically, trends in outcomes for specific subpopulations are assessed to ensure there is equity among clients in the program for their experiences, their support services, and in their positive program outcomes. One example is exhibited in the CSB system indicator report when race and familial status are analyzed for number served in the program as well as successful housing outcomes. Homefull reviews this data shared with the system to implement changes when/if indicated per program type. Homefull also engages with clients during monthly visits with case managers to gain deeper insights into the experiences of diverse communities. In cases where service underutilization is determined, Homefull proactively reaches out to clients to offer services, inquire about service gaps and adapt services to better meet the needs of all individuals.

- F. Describe how your organization will adhere to operating a project that aligns with Housing First, low-barrier implementation, harm-reduction, and trauma-informed core principles.

Homefull provides a Housing First approach based on the understanding that client choice is valuable in housing selection and supportive service participation. Our programs offer entry to program participants with low/no income, current/past substance abuse, criminal records (except for restrictions imposed by federal, state, or local law/ordinance), or history of domestic violence. Homefull is committed to working with community partners to minimize barriers that prevent people from accessing services and participates in local housing advocacy groups. It is Homefull's policy to provide assistance, as appropriate according to the person's needs, at no additional cost to persons served, to persons requesting or receiving services, and their families or significant others, who speak a language other than standard English as a primary means of communication, or who have a communication disorder, such as deafness or hearing impairment. Project Based Vouchers provided by Columbus Metropolitan Housing Authority (CMHA) are critical to the project's financial viability. All referrals will be screened through CMHA. CMHA's Administrative Plan includes a reduced lookback period for criminal background for people experiencing homelessness to only 1 year from the usual 3-year timeframe to lower the barrier to entry.

Working with people in active addiction is common in a Permanent Supportive Housing (PSH) setting. Homefull trains our support services and housing staff in evidence-based models for this type of work; these include Motivational Interviewing and Harm Reduction which are both known to elicit positive outcomes with this population. Harm Reduction refers to practices that aim to reduce the health, social, and economic harms associated with the use of psychoactive substances and is used to reduce the potential damage and long-term impacts associated with alcohol and drug use while the client is resistant to traditional treatment modalities. Homefull incorporates a harm reduction approach as it calls for non-judgmental, non-coercive, low-barrier, and client-centered services which is consistent with Homefull's overall approach to PSH support services.

Homefull's policy manual includes a policy titled "Direct Care Services & Coordination of Therapeutic Services"; this policy includes procedures for serving clients with assessments and Community Psychiatric Support Treatment (CPST). Homefull's policy states that we train staff to earn a Qualified Mental Health Specialist (QMHS) certificate; this occurs regardless of the staff member's caseload having CPST clients. This training prepares staff to work from a trauma-informed perspective, have basic knowledge of the main mental health issues our clients present with, and understand substance addiction and recovery. Our "Overview and Philosophy of Approach" policy describes how our trauma-informed approach to our work also takes into account vicarious trauma and compassion fatigue that our staff may experience from our work. This includes engaging in a staff response team following critical incidents to support the well-being of staff.

Homefull also employs a trauma-informed care approach; this requires a philosophy and lens that homelessness itself is traumatic. Everyone referred to a PSH has struggled with the profound and lasting effects of the trauma of homelessness. It also presumes there is underlying trauma that caused the homelessness episode. Chronic exposure to trauma increases symptoms: Problems with sense of self as separate from other people or situations and worthy of good treatment, problems with responding in

healthy ways to difficult situations. This is often experienced by people with multiple episodes of homelessness. Failure to intervene in the trauma can cause secondary complications as strategies for survival. Unfortunately, many of these strategies perpetuate the trauma cycle by leading to fresh trauma, to more problems grieving and processing trauma in appropriate ways, and they can traumatize other people in new ways.

Trauma-informed care has been seen to empower clients and help them to address the areas of functioning that were affected by the trauma by using individualized, strength-based interventions. By focusing on resilience, acknowledging there are various stages of change, and providing safe spaces for clients to learn from mistakes and decisions, a trauma-informed care approach can help stabilize housing and increase positive functioning.

- G. Describe how program participants will be assisted to obtain the benefits of mainstream health, social, and employment programs (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

After securing housing, the Case Manager and client update the case plan to include a goal related to income and benefits if not already part of the case plan initially. The Case Manager's goal is to assist the client/household to connect with resources that help them improve their well-being and achieve long term goals, specifically as it relates to housing stability. One of the first activities that occur at this stage is an assessment to determine what resources and benefits are needed and what the client is currently accessing/receiving. Most of the time, clients are referred to Job and Family Services (JFS) to connect with a variety of mainstream benefits for which they qualify. First and foremost, this is SNAP EBT (aka food stamps), but there are other benefits based on household composition and income level (i.e. Title 20, WIC, etc.). The Case Manager can assist the client in completing benefit applications depending on ability level of the client, including online applications, or can accompany them to JFS in order to ensure all benefits for which the client is eligible are received. Clients are encouraged to share with their Case Manager any paperwork they receive from JFS or any other organization in order to ensure there is no interruption of benefits through failing to recertify or other requested action steps. The Case Manager assists their client to complete re-certification paperwork and to secure needed income and landlord paperwork often required by JFS.

Linkage to employment is a critical service Homefull works on with clients through ongoing case planning and advocacy efforts. Homefull identifies opportunities through our own programs looking to hire clients to perform work related to delivering food, furniture and providing custodial work. This provides the first opportunity to reintroduce clients into the work environment with an employer dedicated to providing opportunities for those who's door to mainstream employment has been traditionally closed. Additional to those opportunities, Homefull provides information on job fairs, and employment opportunities for clients. We develop partnerships with mainstream employers who struggle to maintain a workforce, knowing Homefull will provide assistance with transportation, and other needed items for employment.

- H. Describe how program participants will be assisted to obtain and remain in permanent housing (e.g., provides the participant with access to needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).

Homefull views the overarching goal of housing stability as supported by a 3-legged tripod of affordable and accessible housing, affordable and accessible food, and obtaining/maintaining/increasing income. After a client is housed, their assigned Case Manager starts to foster a relationship between the client and the Homefull Property Management Team to be a support for the client and to foster open communication. By developing a case plan, the Case Manager and client work together on securing/increasing income. If the household has no income, referrals to employment or training programs are made and other potential sources of income are discussed. A budget is created and there is constant reinforcement of what bills should take priority. Other community referrals are made as needed, especially as they relate to housing and income. Additionally, the Case Manager helps the client/household to “settle in” to their new home, increase independence, and increase quality of life. The Case Manager has on-going conversations with the client that mirrors discharge planning to prepare the client for paying rent on their own, maximizing their community resources, and the eventual end to supportive services once they desire and or need less supportive services. The Case Manager continually monitors and assesses a client’s housing stability through home visits and frequent conversations with the on-site Homefull Property Management Team.

When a lease violation occurs, Homefull initiates a process that allows the client to correct the issue over time. For example, Homefull may issue a compliance notice rather than immediately initiating eviction notices. If the behavior continues, Homefull follows up with a 30-day notice to cure. The case manager and property management communicate regularly throughout this process. If the client disagrees about the violation, the case manager can assist in filing a grievance claim or scheduling a meeting with the property manager.

The case manager works with clients to develop a housing retention plan that addresses property management concerns and meets clients' needs. Services may be required at this point, including representative payee services, community mediation services, drug and alcohol treatment, anger management, and mental health services. The client may also be represented by the Legal Aid Society. Eviction action is used only as a last resort.

At the facility, four rooms are specifically wheelchair accessible and all first-floor units have no stairs to entrance, 4 units have visual smoke alarms as well to provide an accessible, safe building. Homefull works with tenants to create safety plans on their physical needs, behavioral and physical healthcare needs. These plans include emergency assistance numbers, family support, community support and what to do when triggers need to be addressed. The facility will also have contracted security services.

Homefull will implement VAWA accommodations for any resident who experiences violence. The organization encourages residents to utilize their VAWA protections, which may include a transfer through the Unified Supportive Housing System (USHS) if necessary. VAWA documentation is provided to all residents at lease signing. Homefull staff ensures that residents are informed of their rights regarding protection orders and will provide support throughout the process.

8. Implementation Schedule.

- A. Describe the general implementation timeline, including:
- i. Based on type of capital cost requested, provide:
 - New Construction – date construction will begin and end, and date property will be available for move-in.
 - Acquisition – date property will be acquired.
 - Rehabilitation – dates rehabilitation of the property will begin and end
 - ii. Provide the proposed schedule for the following activities:
 - Site control
 - Environmental review completion
 - Execution of grant agreement
 - Start date
 - Completion date
 - Occupancy Certificate date
 - Anticipated Move-in Date

The project must be ready for occupancy within 36 months of award.

- Acquisition – Homefull currently has a lease to purchase option. The projected date for the acquisition is by 09/30/2025, concurrent with the HUD grant agreement execution.
- Rehabilitation – dates rehabilitation of the property will begin and end
 - Start Date: by April 2026
 - End Date: by July 2027
- Site Control: Homefull currently has a lease to purchase option. The projected date is 06/01/2025.
- Environmental Review Completion: By 06/01/2025.
- Execution of Grant Agreement: By 9/30/2025, the HUD grant agreement can be executed as soon as the Environment Review is completed.
- Funding: An application to OHFA for tax credits will be submitted in June 2025, with an award being announced in September 2025. Depending on the cost of construction, the development team will pursue an application with the Federal Home Loan Bank by July 2025. An application for City of Columbus funding will be submitted by August 2025.
- Rehabilitation Construction Start Date: By April 2026.
- Rehabilitation Construction Completion Date: By July 2027. The construction is projected to last a bit longer than usual as the site will be occupied while the rehabilitation is occurring.
- Occupancy Certificate: 100% occupancy will happen concurrently with the completion of construction. By August 2027.
- Anticipated Move-In: November 2024. Homefull will lease the property effective November 2024 and clients will move in as soon as the lease is in effect. The rehabilitation will occur while the building is occupied.

9. Property Maintenance.

- A. Demonstrate how you will ensure the property is maintained annually to prevent unnecessary costly repairs. Include how the property will be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for

heating and cooling). Identify the source of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair of proposed units.

Homefull develops a five-, ten-, and 15-year property maintenance plan for properties owned and or operated by Homefull. These plans take into account the life expectancy of furniture, equipment, roofs, mechanicals and other operational equipment and builds an annual revenue reserve to assure the funding is available when needed. Homefull develops service agreements with mechanical companies for preventative maintenance and operational monthly, quarterly and or yearly inspections to assure the life of equipment. In addition to that, our facilities department schedules monthly inspections in Homefull owned property to inspect units for needed repairs or scheduled updates to also increase the life of the equipment. Seasonal checks of HVAC units are also made to prepare equipment according to need.

Replacement of building systems will be funded out of Replacement Reserves. Replacement Reserves are funded using an annual funding equal to \$400/unit or \$28,000 in year one. The funding for the Replacement Reserve comes from rental income from the 70 Project Based Vouchers (PBVs) that have been secured and tenant income.

- B. Demonstrate how the project will be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.

The development team wants to ensure that there are minimal replacement costs, and there is sufficient funding to cover such costs when they do arise. This begins with our architects developing a thorough scope of work for the rehabilitation, to ensure that the project is in strong condition of operating with a sound financial plan.

A Replacement Reserve of at least \$400 per unit, per year will be included in the project budget, or 28,000 in year one, increased annually by 3% for inflation. The funding for the Replacement Reserve comes from rental income from the 70 Project Based Vouchers (PBVs) that have been secured by the development team and tenant income. We forecast that the project can easily support a substantial operating budget and ample reserve payments.

10. Unmet Housing Need.

- A. Describe the population that will be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability. Maximum points will be awarded for applicants that demonstrate that there are fewer than 50 PSH beds available in a given year for each 100 people in the population that is proposed to be served.

This project is designated for single adults experiencing homelessness. Homefull will receive referrals from the COC's Unified Supportive Housing System (USHS) for homeless single adults who need permanent supportive housing. Homefull expects this population to enter with varying levels of income and benefits; from no income to

pending or awarded SSI/SSDI to sporadic employment. The breakdown will be 80% zero income, 20% at extremely low and or below 30% of AML.) All will enter with a disability with primary diagnosis of addiction disorders combined with a severe and persistent mental health diagnosis. Many will be unlinked or loosely receiving behavioral health services through a community mental health provider. Approximately 20% will have physical disabilities as well. Approximately 10% or less will enter with income from employment. This project will house single adults from the homeless system who have been diagnosed with a disability that interferes with their ability to live stably and successfully on their own in the community. Specifically, it will serve some of the higher barrier clients in the homeless system who have not been successful at other sites. Chronically homeless adults are more likely to be housed here, as they have had longer terms of homelessness and likely need additional supports that a facility-based PSH with onsite staffing can offer. Additionally, approximately one third of the occupants will be age 55 or older which brings into play the need for additional supports due to the impacts of homelessness on health and aging. Racially and culturally, the occupants will be a mix of backgrounds as they represent the homeless system and larger community. Approximately 67% will be people of color. All genders will be represented although a higher percentage of occupants will be male-identified based on the need in the system.

In Columbus and Franklin County, the 2024 Annual Gap Analysis shows a gap of 2,514 placements annually in PSH units. For single adults specifically, the target population proposed to be served, the gap is 2,398 placements annually.

The existing capacity of PSH according to the 2024 HIC is 2,483 units(beds) of PSH for single adults system-wide. These beds turn over at the rate of 15% annually, creating approximately 373 available placements/beds annually, while the need is for 2,771 placements. **To use the analogy in the statement above, in Columbus and Franklin County there are only 13.46 PSH beds available in a given year for each 100 people in the single adult population that is proposed to be served.**

In FY24, in Columbus and Franklin County 5,995 single adults in shelter, transitional housing and in unsheltered locations experienced homelessness (12-month APR information). 211 were determined to be chronically homeless using HMIS experience data and are presumed to qualify for PSH. Of the remaining 5,784, 10% are projected to be diverted to other interventions, 25% are projected to self-resolve and those that do not have disabling conditions that are unlikely to be resolved are targeted for Rapid Rehousing (RRH) – some that will be served in RRH will end up in PSH and their intervention will double up. The community's Transitional Housing (TH) inventory is minimal and targeted to special populations, domestic violence and transitional age youth, 128 beds in total, 23 units for families and 55 beds for single adults and children only beds (2024 HIC). The majority of the single adults in TH will exit to RRH and only a few will need PSH. In FY24 the single adult population experiencing homelessness self-reported high rates of disability – 36% mental health, 6% alcohol use, 5% drug use, 6% dual diagnosis, 30% chronic health condition, 1% HIV/AIDS, 6% developmental disability, 32% physical disability (12-month APR information). People have multiple disabling conditions but overall, 65% of the single adult population experiencing homelessness self-declared a disability in FY24. Research shows that people tend to underreport their disabilities. However, not all people with disabling conditions will need PSH and realistically we will not be able to create PSH for 65% of the sheltered population. For planning purposes, taking the rate of population that reports mental health, dual diagnoses, HIV/AIDS and developmental disabilities provides the rate of 49% that will assume needs PSH. This rate is applied to the population that experiences homelessness that was not able to be diverted to other interventions and is not chronically homeless, or 5,225. The overall population needing PSH annually is

2,771 (211+2,560). As noted above, the annual bed turnover from the existing capacity provides 373 available placements, leaving a gap of 2,398 placements annually.

11. Management of Rental Housing.

- A. Do you have rental housing? If yes, describe the rental housing projects you or your subrecipient have managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization's information, type of program participants assisted, and experience. Include the number of grants for affordable housing awarded in the past 3 years and amount of awards, the type of subsidy and or financing provided for the housing. Specify the number of assisted and non-assisted units in each property.

Both Homefull and subgrantee TFG have extensive experience managing rental property. In the past 3 years Homefull and TFG have been awarded the following grants for affordable housing this totals \$20,793,109 over the last three years:

Housing Project	Entity managing	Type of program participant assisted	Type of Subsidy	Type of Financing	# of Assisted/# of non-Assisted units	Amount of affordable housing grants (2022)	Amount of affordable housing grants (2023)	Amount of affordable housing grants (2024)
Hitchcock Housing	TFG	homeless	HUD PBV	National Equity Fund, LIHTC,	53/0		\$8,315,168	
Homefull Family Living Center	Homefull	homeless	HUD PBV	LIHTC, HOME, FHLB	34/0	\$274,800	\$274,822	\$240,195
Homefull Leasing	Homefull	homeless	HUD CoC Leasing	N/A	170/0	\$1,668,879	\$1,762,376	\$1,868,612
Homefull Isaiah Project	Homefull	homeless	HUD CoC Leasing	N/A	160/0	\$171,800	\$359,582	\$2,177,217
Homefull TRA	Homefull	homeless	HUD CoC RA	N/A	261/0	\$391,230	\$450,116	\$386,286
Homefull SRA	Homefull	homeless	HUD CoC RA	N/A	100/0	\$427,763	\$411,541	\$386,286
Homefull EHV/Mainstream	Homefull	homeless	HUD EHV and Mainstream	N/A	304/0	\$50,000	\$618,297	\$560,139

Hitchcock Housing: TFG serves as the property manager for this 53-affordable housing unit development. TFG has previously been the management agent for over 2,250 units of residential housing, and currently manages 800 units of residential housing. The management company was created to address the unique issues associated with the

development and management of assisted and affordable housing. TFG is the designated contract managing agent for properties in Ohio and Illinois. The organizational structure is streamlined and rests on a basic tenet: the authority to act unilaterally for the company in all project matters must be vested at the location of each individual property. The organization also provides flexibility because it has the staffing and expertise to adapt to the needs of any given property quickly and efficiently. Excessive organization has been avoided and layering of supervision minimized.

The principals have been involved with government-assisted residential properties for over forty years. It has historically had a unique ability to successfully enter markets in a variety of states. The team's experience includes a proven long-term track record in providing residents with safe affordable housing, in addition to addressing the myriad of social issues involved in the management of assisted low to moderate income housing.

Homefull Family Living Center: The Homefull Family Living Center (FLC), located at 829 S. Gettysburg Avenue, Dayton, OH 45417, is operated with assistance of project-based vouchers.

Homefull operates leased housing in Dayton/Montgomery County and in Columbus/Franklin County, in both a master leasing and a property management capacity. Homefull houses over 1,200 households in permanent housing. In our Columbus division, Homefull master leases a large 70 unit building as a permanent supportive housing site. Homefull serves in the role of onsite property manager and as the supportive service provider. Homefull operates over 280 other master leased individual apartment/single home units throughout Franklin County in a similar role: both as the master lease holder and as the supportive service provider. These units use HUD's CoC leasing subsidies. For another 600+ households we provide support services for HUD CoC funded TRA and SRA programs and HUD EHV and Mainstream supported subsidy programs to help households maintain housing.

12. Coordinated Entry.

A. Demonstrate how the project will use the CoC's coordinated entry process to refer individuals and families experiencing homelessness in the new PH-PSH units. The response must include the coordinated entry process implemented and how program participants will be placed in the project.

Housing is provided to persons who are homeless and disabled. The Unified Supportive Housing System (USHS) is the coordinated entry system for PSH. USHS was established by Community Shelter Board (CSB); our PHA, Columbus Metropolitan Housing Authority (CMHA); and the Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH) via an MOU effective March 1, 2008. USHS manages units funded through a variety of subsidies including PHA Housing Choice Vouchers, Mainstream Vouchers, Project-Based Vouchers, Emergency Housing Vouchers, CoC Leasing and Rental Assistance programs, and the HOME program.

All system PSH providers are contractually required to participate in USHS, independent of their type of rent subsidy. The CoC's practices are formalized in the Unified Supportive Housing System Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

USHS continuously screens clients for PSH using HMIS data. USHS prioritizes chronically homeless households, then disabled households based on their vulnerability and length of time homeless, using HUD's notice HUD CPD-16-11. USHS uses a monthly "hotlist" to identify clients who are potentially eligible for PSH based on their current homeless status, history of homelessness, and self-declared disability, along with the chronic homeless status. The USHS Manager proactively reaches out to the Provider Agency servicing the clients and asks them to complete a locally developed standardized assessment, a Severity of Service Needs Assessment (SSNA) for the respective clients alongside documentation required for housing. Provider Agencies can also submit this standardized assessment, the SSNA, for their clients that they believe should be prioritized for PSH to the USHS for scoring. Once the SSNA and the required documentation are submitted, the USHS Manager will score the SSNA and will place the client in the USHS Pool. The USHS Pool is a vulnerability-based pool, meaning that the client's position is based on the need for housing – the higher their SSNA score is, the higher their vulnerability and need for housing is.

Each Housing Provider in the system submits vacancies to the USHS Manager. When a vacancy is submitted, the USHS Manager will fill the vacancy with a referral from the USHS Pool, starting with the client at the top of the pool, assessing the client's eligibility for the vacancy. The client will be matched with the appropriate PSH for further eligibility assessment, also considering client's needs and preferences. Prompt assessments and use of HMIS data reduce the time it takes to link clients to the right housing program. To reduce the burden on people seeking assistance, PSH eligibility and application are centralized. There are no waitlists at PSH sites and no duplicative application processes. Once the client is referred to the PSH site, the Housing Provider, in this case CHN, will work with the client and the Provider Agency servicing the client to make sure the client does meet all eligibility criteria, the client accepts the unit, all required documentation is in place and ultimately that the client signs the lease and successfully moves into the unit. The client does have the right to refuse the unit, or the Housing Provider has the right to refuse for the client for cause, in both cases the client will be returned to the USHS Pool for further referrals to other PSH sites.

13. Coordination with Housing Providers, Healthcare Organizations and Social Service Providers.

A. Demonstrate either that:

- The project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, **or**
- The project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project. Describe CMHA's involvement and commitment in the project and attach CMHA's written commitment to the project, if applicable.

CMHA has awarded Homefull 70 units of Project Based Rental Assistance Vouchers covering 100% of the units in the project.

B. Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:

- Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); **or**
- The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the housing and resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

Homefull has been awarded COC grants for supportive services to the project in the amount of \$391,490 per year. As a Medicaid biller, we will also provide approximately \$40,000 per year in Medicaid funding for this project to support residents.

14. Experience Promoting Racial Equity.

- A. Describe your experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.

Homefull values the opinions of the people we serve, and their input is our guiding light in the creation of our programs and services. We collect this information in a variety of ways. Homefull seeks input from clients in a formal manner at least 2 times per year through our customer satisfaction surveys where questions range from, “how are we doing for you specifically,” throughout all of our programs from property management to our employment and prevention programs, to what we could improve upon, or create new. In addition to that we solicit input during our annual meeting where we present plans and our current year’s outcomes. During this time, we seek additional feedback on what we are missing. During predevelopment of our housing programs Homefull works specifically with clients served to determine potential design of units, color choices for paint and common spaces, amenities inside and out of their own units. This feedback drives the current development and reflects all the priorities for the people served. These information gathering sessions weigh heavily in the program location, amenities and design that have led to how our housing programs are built and operated. Programs specifically that have been created as a result include our employment programs, food programs, new housing and where to locate them.

- B. Describe your experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

As a grassroots organization ourselves, we value the work of other grassroots organizations and actively seek how to engage each in meeting the needs of our clients. Homefull rarely starts programs without creative partners with shared values of providing services to people facing housing instability. Our partners included the private sector of business to improve access to livable wage jobs for people with barriers to employment, such as criminal records or recent addictions; health providers looking to reduce costly emergency room visits for what could be prevented through good partnerships with primary care doctors; food providers to improve access to food for those with transportation issues or extremely low incomes. These efforts are truly about improving the inequities that disproportionately affect our clients, evidenced by better coordination and opportunities now available for persons served.

- C. Describe your experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

Equity and inclusion are core values of Homefull and are embedded into our direct service work. A Housing First philosophy guides this work. For PSH projects in which Homefull is involved, we advocate for inclusion of BIPOC and other disproportionately underrepresented groups in program referrals. Once clients are entered into Homefull PSH, they receive a Consumer Handbook noting in writing our organization's core values, vision, mission, and DEI commitment. In practice and verbally, there is a review of Homefull's Strategic Plan and DEI Plan initiatives with persons served and program staff. For each Housing Program, there is an anonymous client feedback mechanism that includes Housing specific and DEI-specific questions within semi-annual satisfaction surveys as well as a Suggestion Box. The Chief Inclusion & Community Officer participates in Homefull's agency-wide Performance Quality Improvement (PQI) Committee for review of persons served inclusion as well as the Major Unusual Incidents (MUIs) Sub-Committee with equity lens. DEI & Clinical Directors also serve on Staff Training Committee to ensure cultural competencies of staff within Program Sites. The DEI Committee conducts on-site meetings with Consumers and Staff. These efforts led to improved satisfaction survey results from persons served. Homefull has seen increased program participation from clients in services that are now offered onsite. We are attributing this increase to our Equity and Inclusion efforts.

For client Case Plans and Discharge Planning, there is a Clinical review and approval of client-specific linkages to community resources and support networks.

15. Community Integration for Persons with Disabilities.

- A. Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community. The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.

Permanent Supportive Housing (PSH) allows residents to choose available housing, health care, and long-term services that meet their unique needs and preferences. Each referred person has the choice to refuse the housing referral and will be sent back to the Unified Supportive Housing System Pool for a subsequent housing referral, in case of housing refusal. Each program participant has a choice about the provision of healthcare including primary care, behavioral health, and specialty care tailored to their needs and Homefull will facilitate linkage to the right provider of choice. Supportive services are voluntary and there to support the person's integration in the PSH community and the neighborhood.

This project is in an area with public transportation and amenities, fostering community integration. This approach encourages participants to engage in social, educational, and employment opportunities, reducing stigma and enhancing their ability to contribute to the community.

For this project, Homefull engaged with the local Northland Community Council since 2022, and throughout 2023, to discuss the development of this permanent supportive housing program and gain the community's support. Homefull continues to engage in Quarterly Good Neighbor meetings with their leadership. This Good Neighbor approach allows for open communication and to keep the Northland Community Council apprised of the project operations and contributes to the integration of the development in the neighborhood. The Northland leadership now routinely gives updates about community events and invites Homefull's and our clients' participation.

All units in the project will require a disabling condition.

16. Section 3 Requirement.

- A. Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons. This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities that result from their receipt of other HUD funding.

Homefull has been committed to providing employment opportunities to persons served for nearly 15 years and have created Homefull Solutions, a department within our organization that focuses specifically on removing barriers to employment by partnering with providers willing to work with our clients, providing job opportunities that pay a livable wage to our clients throughout our programs, and creating new opportunities that address systemic employment issues for our clients that naturally remove the traditional barriers of transportation, child care, criminal background and or addiction disorders. This is done by providing jobs that are tailored to where people are both literally and figuratively. These types of jobs can range from working day labor in our own programs to assisting with cleaning, maintenance, moving and/or packing food boxes. These types of jobs are a great gateway into a more traditional job, yet fill a critical need within our programs and get people thinking about employment.

In all construction projects Homefull requires our General Contractor (GC) to agree to provide job opportunities throughout construction to persons served. This is done by our requiring subcontractors to also provide the same opportunities. We host job fairs at the beginning of any construction work with all subcontractors onsite to interview and provide opportunities for employment on the jobsite. We also work with the labor unions to host hiring fairs for our clients to be provided apprenticeships in the trades for not only our project but any other existing opportunities. We additionally require our general contractor to meet or exceed the Minority Business Enterprise numbers and award points for those exceeding in our selections of general contractor and subcontractors.

17. Financials

- A. List anticipated sources of capital funding and the projected capital request for funding from the CoCBuild for new construction, acquisition or rehabilitation. Add rows as needed.

Capital and Development Costs				
Funding/Financing Source & Program	Type	Amount	Status	Projected Cost Per Unit
Ohio Housing Finance Agency – Four Percent Tax Credit Round	Source – 4% LIHTCs	\$590,360 in annual credits – approximately \$5,176,853 in tax credit equity	An application will be submitted June 2025	\$73,955
HUD CoC Builds Grant	Source – Grant Funding	\$7,500,000	Subject of this application	\$107,143
FHLB AHP Grant	Source – Grant Funding	\$1,500,000	An application will be submitted July 2025	\$21,429
City of Columbus Affordable Housing GAP Financing	Source – Soft Loan Funding	\$2,097,001	An application will be submitted August 2025	\$29,957
Deferred Developer Fee	Source – Deferred Fees	\$720,000	Will be committed concurrently with a tax credit award	\$10,286
Uses of Funds				
Acquisition Costs	Acquisition	\$3,000,000	Lease to purchase option	\$42,857
Hard Costs	Hard Costs	\$8,641,500 – CoC Grant Funds will be used for hard costs	Not Applicable	\$123,450
Soft Costs	Soft Costs	\$1,618,500	Not Applicable	\$23,121
Financing Costs	Financing Costs	\$738,793	Not Applicable	\$10,554
Developer Fees	Developer Fees	\$2,400,000	Not Applicable	\$34,286
HFA Fees	HFA Fees	\$250,022	Not Applicable	\$3,572
Reserves/Contingencies	Reserves/Contingencies	\$340,039	Not Applicable	\$4,858

- B. List anticipated sources of services funding and projected services request for funding from the CoCBuild, if applicable. No more than 20% of the total budget request can be requested from the CoCBuild funding for supportive services. Add rows as needed.

Services				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
HUD COC	PSH COC	\$391,490	Awarded	\$5,592.71
Medicaid	CPST	\$40,000	Depends on services	\$571.42

- C. List anticipated sources of operations services funding. Add rows as needed.

Operations				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
ODOD	PSH Operations	\$125,000	Awarded	\$1,785.71
CMHA	PBV	\$814,800	Awarded	\$11,640.

- D. What is the anticipated cost per household served? Ensure the cost aligns with historical information of like-projects. Attach a Capital Budget, an Operating Budget and a Services Budget.

CoC/CSB: \$7,500,000. Capital Cost Per Unit: \$107,142.85	Annual \$391,490 Services Cost Per Unit: \$5,592.71	Annual 0 Operating Cost Per Unit: 0
Total: \$16,993,854 Capital Cost Per Unit: \$242,700.00	Annual \$431,490 Services Cost Per Unit: \$6,164.13	Annual \$939,800 Operating Cost Per Unit: \$13,425.71

18. Co-Applicants

A. Identify the role of each project partner, if applicable.

Homefull – Homefull will serve as the project owner, supportive services coordinator and property manager. They will also be a majority General Partner and/or Managing Member of the ownership structure. Homefull will co-develop the property and will have full input in all major development decisions.

TFG – TFG will serve as co-developer and subgrantee on the project. TFG will take the lead on most funding applications, third party reports and financing solicitations. TFG will be responsible for ensuring there is adequate funding to finance the scope of work. TFG will work with Homefull on all major development decisions. Once completed, TFG will contribute as needed, but it is expected that Homefull will be the primary lead once operations commence.

B. Describe each co-applicant/project partner's financial commitment.

Both Homefull and TFG are fully committed to making this project come to fruition. Homefull and TFG will collaborate to identify the exact scope of work needed to maximize the funding sources available to the development team. In addition to raising outside capital, the developers will jointly recontribute a significant portion of their developer fee back into the project, to ensure its financial viability.

C. If not an HMIS user, describe your agency's experience with data entry and reporting, and how you use data.

Homefull is a current HMIS user and assures this project will be included.

19. Required Documentation

Attach the following documents to the concept paper prior to submission. This section is not required if the lead agency is already a funded CSB partner agency.

<input checked="" type="checkbox"/>	501 (c) 3 letter from the IRS
<input checked="" type="checkbox"/>	Registration with the Ohio Secretary of State
<input checked="" type="checkbox"/>	Current Board roster with employers, relevant experience and tenure with the Board
<input checked="" type="checkbox"/>	Most recent audit
<input checked="" type="checkbox"/>	Most recent 990



COLUMBUS METROPOLITAN HOUSING AUTHORITY
COMMUNITY. COMMITMENT. COLLABORATION.

July 10, 2024

Dear Proposers:

Columbus Metropolitan Housing Authority (CMHA) is happy to inform you that an award has been determined and awarded to HomeFull LLC, proposal for RFP 2023-027 Project Based Voucher, this will be presented at September 2024 Board meeting.

The Contract/Agreement for Project Based Vouchers will commence on September 2024, after board approval, executed as a minimum of a 15-years assistance. Per the proposal's Terms and Condition the proposers who are awarded these vouchers must submit proof of the ability to lease up within 60 days of this application deadline to CMHA within 30 days of the award.

The number of vouchers awarded: 70

CMHA looks forward to working with you. Mr. Justin C. Davis will be your contact person unless otherwise directed. He can be reached at jcdavis@cmhanet.com or by calling 614-421-6257. If you have any questions for me, please feel free to contact me at 614.421-4434; or at aquinichett@cmhanet.com.

Sincerely,

Andrea Quinichett
Assistant Vice President of Procurement
Columbus Metropolitan Housing Authority

Cc: RFP 2023-027 File



October 15, 2024

Shannon Isom
President and CEO
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus OH 43235

Re: Housing Resources Leverage for 2024 Builds! Notice of Funding Opportunity (NOFO)

Dear Community Shelter Board (CSB)

On behalf of Homefull, **as a Medicaid billing agency**, we are pleased to commit in supportive services, home-based and long-term services and supports, behavioral health, and other services to support Homefull's Dublin Granville PSH Project which is being submitted to HUD as part of the Continuum of Care Builds! Notice of Funding Opportunity (NOFO). Additional details about the commitment can be found below.

- Funding Source(s) Information: Medicaid
- Funding Source(s) Activities: Community Psychiatric Services Treatment
- The value of providing access to supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery and other services for all program participants in the project who would qualify and choose these services is estimated at \$40,000
- Housing resources Dates: estimated to start: 7/1/2025 for a period of one year and renew annually. Note the start date of the funding commitment is flexible dependent on the project start date.
- Project eligibility for program participants will be based on the CoC program fair housing requirements and will not be restricted by our organization.

We appreciate the opportunity to work with the Continuum of Care to leverage the CoC's dollars to provide much needed access to housing resources to people experiencing homelessness in Columbus and Franklin County, Ohio.

Sincerely,

Tina M. Patterson

Tina M. Patterson
CEO

Partner		Community Housing Network	Columbus Metropolitan Housing Authority	Homefull
Project Name		Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH
Total Request:		\$7,500,000	\$7,500,000	\$7,500,000
Development Cost		\$20,152,382	\$9,500,000	\$16,993,854
Number of units:		60	90	70
Cost per unit:		\$125,000	\$83,333	\$107,143
Total cost/unit		\$335,873	\$105,556	\$242,769
Number of homeless units:		48	75	70
Proposed Request		Amount	Amount	Amount
acquisition			\$6,249,750	
rehabilitation			\$1,041,925	\$7,500,000
new construction		\$7,500,000		
project-based rental assistance				
supportive services				
operating				
administration			\$208,325	
match (\$)		\$9,839,955	\$17,250,903	\$12,822,000
match (%)		131%	267%	171%
Maximum/Actual Points	116	109	115	111
Local Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH
# of homeless dedicated units	3	1	3	2
Development cost per unit	4	1	3	2
Adaptive reuse and conversion of hotels per HUD recommendation	2	-	2	2
Citizens Advisory Council	7	7	7	7
Total	16	9	15	13

no more than 20% of the total funds

no more than 10% of capital costs + additional eligible costs

25% required

match calculated over 15 years

1-50 - 1 point; 51-100 - 2 points; 101-150 - 3 points

0-\$100k- 4 points; \$101k-\$200k- 3 points; \$201k- \$300k-2 points; \$301k-\$400k - 1 point

2 points if adaptive reuse and conversion

HUD Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH	Criteria	Notes
Development Experience and Leveraging	8	8	8	8	The organization has experience with at least 4 other projects that have a similar scope and scale as the proposed project.	
Development Experience and Leveraging	8	8	8	8	The organization has experience leveraging resources substantially similar to the funds being proposed.	HUD will evaluate up to 3 examples of prior leveraging experience for up to the 5 largest (by dollar value being contributed to the project) resources being leveraged for the proposed project (e.g., LIHTC, HOME, CDBG, Section 108, Section 202, Section 311).
Development Experience and Leveraging	8	8	8	8	Availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project.	Consider the dollar value of each commitment and overall cost of the project, including estimated cost per unit on each site or housing type.

HUD Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin- Granville PSH	Criteria	Notes
Managing Homeless Projects	8	8	8	8	The organization has experience managing at least 4 properties.	Must include experience with how the amount of rent charged is determined, how participant complaints are addressed, working with other service organizations that may place participants in units, and maintenance.
Managing Homeless Projects	3	3	3	3	The organization has experience providing supportive services.	Must include the type and frequency of supportive services that will be available and what organization will provide services.
Managing Homeless Projects	1	1	1	1	Transportation is provided for program participants.	Describe the transportation methods for participants to travel to doctor appointments, recreation, public services, shopping, other services, etc.
Implementation Schedule	4	4	4	4	Development schedule is complete and has all necessary elements.	The implementation schedule must include date construction will begin or date property will be acquired or dates rehabilitation will begin and end. It also must include the schedule for site control; environmental review completion; execution of grant agreement; start and completion dates; anticipated date of occupancy certificate; and the date the property will be available for
Implementation Schedule	4	4	4	4	Likelihood that development milestones will be met.	Include how the property will be maintained and how needed repairs will be conducted. Identify the sources of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair. Demonstrate how the project will be able to cover replacement costs and what the sources of funding will be.
Implementation Schedule	4	4	4	4	Likelihood that the project will be ready for occupancy within 36 months of award.	
Property Maintenance	5	5	5	5	How the organization will ensure the property is maintained annually to prevent unnecessary costly repairs.	
Unmet Housing Need	7	7	7	7	Describe the population that will be served and the level of unmet need for new PSH units. [CSB response]	Using PIT and HIC information, estimate the gap between the number of available PSH units and number of households experiencing homelessness where at least one member has a disability. Award maximum points for applicants that demonstrate there are fewer than 50 PSH beds available in a given year for each 100 people in the population proposed to be served.
Management of Rental Housing	10	10	10	10	Describe the rental housing projects the organization has managed, including the number of grants for affordable housing awarded over the last 3 years, total amount of awards, and the type of subsidy or financing provided. Specify the number of assisted and non-assisted units in each property.	Award maximum points for adequately describing management of at least 4 times the number of properties and units proposed in the application.
Coordinated Entry	3	3	3	3	Demonstrate how the project will use the CoC's coordinated entry process.	
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5	5	5	5	Demonstrate the project is leveraging non-CoC funded housing resources to provide at least 50% of the amount being requested in the application OR demonstrate the project is leveraging non-CoC funded housing resources to provide subsidies for at least 25% of the units proposed in the application.	Attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided.

HUD Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin- Granville PSH	Criteria	Notes
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5	5	5	5	Demonstrate a healthcare organization, housing provider, and/or social service provider is providing access to housing resources OR demonstrate that the value of assistance provided is at least \$7,500 per unit.	Attach formal written agreements that include the value of the commitment and dates the housing and resources will be provided. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.
Experience Promoting Racial Equity	8	8	8	8	Describe the organization's experience promoting racial equity.	Include experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects. Include experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services. Include experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.
Community Integration for Persons with Disabilities	7	7	7	5	Demonstrate how PSH will enable participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community.	The response should include how the PSH units will ensure non-segregation of households experiencing homelessness where at least one household member has a disability. The response should include state whether the PSH units will be part of mixed-use development, meaning households that will reside in the units are not all disabled.
Section 3 Requirement	2	2	2	2	Describe the actions that will be taken to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.	This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities pursuant to Section 3 that result from their receipt of other HUD funding.
Total	100	100	100	98		

**Columbus and Franklin County, Ohio
Continuum of Care**

**Resolution to Approve 2024 Continuum of Care Builds
Project Ranking**

WHEREAS, the U.S. Department of Housing and Urban Development (HUD) issued a Continuum of Care (CoC) Builds Notice of Funding Opportunity (NOFO) for capital funds for development of permanent supportive housing and Columbus and Franklin County has the opportunity to apply for a one-time \$7,500,000 in competitive funding;

WHEREAS, Community Shelter Board (CSB), on behalf of the Columbus and Franklin County CoC, has coordinated the preparation and submission of 3 Project Applications from non-profit provider agencies and public housing authority for the 2024 CoC Builds NOFO competition for the CoC Board consideration;

WHEREAS, CSB developed the proposed scoring tool of the Project Applications to be considered by the CoC Board; the CoC Board reviewed and approved the scoring tool using HUD and local scoring criteria;

WHEREAS, the CoC Board reviewed the Project Applications, the scoring of the applications, made scoring changes, and is proposing the highest scoring Project Application for consideration by the CoC as the applicant for the CoC Builds NOFO competition;

Project	Score
CHN Deer Hill Place	109
CMHA/Beacon360 Hometown PSH	115
Homefull Dublin-Granville PSH	111

WHEREAS, the CoC Board recommends to the CoC the approval of the CMHA/Beacon360 Hometown PSH as the applicant for the CoC Builds NOFO competition;

THEREFORE, be it resolved that the CoC approves the CMHA/Beacon360 Hometown PSH as the applicant for the CoC Builds NOFO competition.

Approved by voice vote.

Witnessed by:

Michael Wilkos, Chair

November 14, 2024
Date

November 14, 2024

Norm Suchar
Director, Office of Special Needs Assistance Programs, DNS
U.S. Department of Housing and Urban Development
451 7th Street, S.W.
Washington, DC 20410

RE: Continuum of Care Builds Notice of Funding Opportunity

Dear Mr. Suchar:

I am writing this letter on behalf of the Columbus and Franklin County, Continuum of Care OH-503. This letter is in support of the Continuum of Care Builds Notice of Funding Opportunity. The Continuum of Care thoroughly reviewed and vetted the 3 applications submitted, and selected the application below for your funding consideration:

Name of the applicant organization: Community Shelter Board (UFA)/Columbus Metropolitan Housing Authority
Name of the project: Hometown PSH
Amount of funds that are requested: \$7,500,000

The Continuum of Care strongly supports the above application that will add 75 units of permanent supportive housing that are much needed in our community. The Columbus Metropolitan Housing Authority is a long-standing, valuable and active partner of the Continuum of Care, continually demonstrating the ability to successfully address the housing needs of homeless and disabled households in our community.

Respectfully,

On behalf of the Continuum of Care
Michael Wilkos
Chair, Continuum of Care