



**SAINT LOUIS MENTAL HEALTH BOARD  
PERMANENT SUPPORTIVE HOUSING DEVELOPMENT INITIATIVE  
APPLICATION FOR FUNDING**

**GENERAL APPLICANT INFORMATION**

DATE: \_\_\_\_\_

1. APPLICANT AGENCY LEGAL NAME: \_\_\_\_\_

2. TAX IDENTIFICATION NUMBER: \_\_\_\_\_

3. STREET ADDRESS: \_\_\_\_\_

4. CITY/STATE/ZIP CODE: \_\_\_\_\_

5. TELEPHONE NUMBER: \_\_\_\_\_ 6. FAX NUMBER: \_\_\_\_\_

7. EXECUTIVE DIRECTOR NAME: \_\_\_\_\_

8. CONTACT PERSON NAME: \_\_\_\_\_

9. CONTACT PERSON TITLE: \_\_\_\_\_

10. CONTACT PERSON EMAIL: \_\_\_\_\_

11. DATE OF INCORPORATION: \_\_\_\_\_

12. IS YOUR AGENCY A NONPROFIT AND/OR 501(c)(3)?      YES      NO

a. IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

13. PRIMARY AGENCY SERVICE FIELD(S): \_\_\_\_\_

\_\_\_\_\_

14. ANNUAL AGENCY OPERATING BUDGET: \_\_\_\_\_

15. NUMBER OF HOUSING DEVELOPMENT SITES OWNED, IF ANY: \_\_\_\_\_

16. NUMBER OF HOUSING DEVELOPMENT SITES MANAGED, IF ANY: \_\_\_\_\_

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17. OTHER HOUSING-RELATED OPERATIONS (please explain): \_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

18. NAME OF PROPOSED PROJECT: \_\_\_\_\_

19. LEGAL NAME OF APPLICANT ENTITY: \_\_\_\_\_

20. PROJECT PROPERTY ADDRESS: \_\_\_\_\_

21. NEIGHBORHOOD: \_\_\_\_\_ 22. WARD & ALDERMAN: \_\_\_\_\_

23. EXISTING ZONING: \_\_\_\_\_ 24. CHANGES TO ZONING NEEDED: YES NO

(Attach site map and list of property addresses)

25. MHB FUNDING REQUEST: \$ \_\_\_\_\_

26. HAVE THERE BEEN ANY CHANGES IN YOUR PROJECT PROPOSAL SINCE THE SUBMISSION OF THE LOI? IF YES,

PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. PROVIDE A GENERAL DESCRIPTION OF PROJECT AND EXPLAIN WHY IT IS IMPORTANT TO THE COMMUNITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. DOES YOUR ORGANIZATION HAVE SITE CONTROL OF THE PROPOSED PROJECT PROPERTY? YES NO

a. IF NO, PLEASE DESCRIBE THE PLAN, STEPS AND COST TO ACQUIRE IT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

29. PROVIDE A GENERAL DESCRIPTION OF THE TARGET POPULATION FOR THIS HOUSING DEVELOPMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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30. PROVIDE A SPECIFIC DESCRIPTION OF THE BEHAVIORAL HEALTH SERVICES THAT WILL BE PROVIDED AT THE PROJECT, INCLUDING WHO WILL PROVIDE THE SERVICES, IF NOT THE AGENCY APPLYING FOR FUNDING; THE GOAL OF THE SERVICES; THE PROJECTED END RESULT FOR THE CONSUMERS; AND WHICH OF THE MHB IMPACT AREAS FOR MENTAL HEALTH IT MEETS: \_\_\_\_\_

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31. DOES THE APPLICANT CURRENTLY PROVIDE SUPPORTIVE HOUSING? IF YES, PLEASE DESCRIBE: \_\_\_\_\_

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32. PROVIDE A GENERAL DESCRIPTION OF HOW YOU HAVE OR WILL ENGAGE CONSUMERS OF BEHAVIORAL HEALTH SERVICES IN THE PLANNING PROCESS FOR THIS HOUSING DEVELOPMENT: \_\_\_\_\_

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(attach additional page(s) for the above statements if necessary)

33. COMPLETE THE TABLE BELOW REGARDING THE PROPOSED UNIT MIX OF THE PROJECT:

UNIT TYPE	# OF PERMANENT HOUSING UNITS
STUDIO	
1 BR	
2 BR	
3 BR	
Other (specify size)	

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TOTAL	
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34. DOES THIS PROJECT INCLUDE LOW INCOME TAX CREDIT FINANCING?      YES      NO      UNSURE

a. IF YES, ATTACH COPY OF TENTATIVE RESERVATION, AND NOTE TYPE OF CREDIT:      9%      4% (with bonds)

35. DOES THIS PROJECT INCLUDE HISTORIC TAX CREDIT FINANCING?      YES      NO      UNSURE

36. CONSTRUCTION TYPE:              NEW      REHAB

37. ANTICIPATED DATE FUNDS NEEDED \_\_\_\_\_

38. DESCRIBE SITE CONDITIONS, INCLUDING ENVIRONMENTAL CONCERNS, IF ANY: \_\_\_\_\_

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39. DESCRIBE NEIGHBORHOOD CONDITONS: \_\_\_\_\_

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40. STATE YOUR ESTIMATED TIMEFRAME FOR THE FOLLOWING:

a. INITIAL CLOSING: \_\_\_\_\_

b. BEGIN CONSTRUCTION: \_\_\_\_\_

c. COMPLETE CONSTRUCTION: \_\_\_\_\_

d. FULLY LEASE ALL UNITS: \_\_\_\_\_

41. WHAT BARRIERS OR OTHER OBSTACLES DO YOU ANTICIPATE DURING THE DEVELOPMENT PROCESS? \_\_\_\_\_

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42. PLEASE LIST POTENTIAL MORTGAGE DEBT LENDERS OR GRANT PROVIDERS (FROM THE PRIVATE AND/OR PUBLIC SECTORS) CONTACTED AND THEIR PHONE NUMBERS. PROVIDE COPIES OF PRELIMINARY COMMITMENT LETTERS, IF

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ANY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. WILL THE PROJECT REQUIRE OPERATING SUBSIDY FUNDS? YES NO

a. IF YES, DESCRIBE ENTITY EXPECTED TO PROVIDE SUBSIDY AND PROVIDE COPIES OF COMMITMENT LETTERS, IF ANY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. DOES APPLICANT HAVE PARTNERS IN THIS PROJECT? YES NO

a. IF YES, NAME OF PARTNER(S): \_\_\_\_\_

b. IF YES, IS PARTNER A FOR-PROFIT ENTITY? YES NO

c. IF YES, DESCRIBE ROLES OF EACH PARTNER DURING AND AFTER PROJECT COMPLETION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. IDENTIFY MEMBERS OF THE DEVELOPMENT TEAM, LISTING A NAME AND CONTACT NUMBER:

a. ARCHITECT \_\_\_\_\_

b. GENERAL CONTRACTOR \_\_\_\_\_

c. CONSULTANT \_\_\_\_\_

d. PROPERTY MANAGER \_\_\_\_\_

e. BEHAVIORAL HEALTH SERVICE PROVIDER \_\_\_\_\_

f. OTHER KEY PARTNER (DESCRIBE ROLE) \_\_\_\_\_

g. ATTORNEY \_\_\_\_\_

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h. ACCOUNTANT \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. Project pro forma (including projected Sources and Uses of Funds and Operating Cash Flow)
2. Certificate of Incorporation and Certificate of Good Standing
3. Most recent agency financial statements (audited and internal)
4. Income tax return (form 990) for last fiscal year
5. Site control documentation, if available, site map and list of addresses
6. Experience Summary/Resume for each listed member of the development team

**I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

APPLICANT AGENCY: \_\_\_\_\_

**APPLICANT CHECKLIST FOR HOUSING DEVELOPMENT FUNDING CONSIDERATION**

**TYPE AND SCALE OF PROJECT**

Type of housing  
Type of construction  
Number of units  
Bedroom mix  
Projected rental rates and operating subsidy

**SITE CONSIDERATIONS**

Location  
Current ownership  
Current tax status  
Current environmental status  
Preliminary title report  
Estimated acquisition cost  
Plan for approaching the seller or sellers  
Zoning issues and political support for changes if necessary

**DESIGN AND CONSTRUCTION CONSIDERATIONS**

Rehabilitation, new construction or both  
Architect to be selected  
Special physical site or project considerations

**BEHAVIORAL HEALTH SERVICES**

Provider of services  
MHB Impact Area  
Appropriateness for targeted population/residents  
Projected End Result for Consumers

**FINANCING**

Projected sources and uses of funds  
Identify potential private, public and/or philanthropic sector funds to be applied for  
Meetings with some of the proposed sources  
Preliminary letters of support/commitment

**DEVELOPMENT TEAM**

Co-Developer, if applicable  
Architect  
Contractor  
Attorney  
Accountant  
Property Manager  
Consultant  
Environmental Consultant  
M/WBE Participants

**SPECIAL CIRCUMSTANCES OR CONSIDERATIONS**

Consumer involvement in planning process  
Max 80% total project costs covered by MHB funding source, up to \$250,000