**Request For Proposals**

 **Low-Income Housing Tax Credit**

**PSH Project Development**

**Ohio Balance of State Continuum of Care**

**Background and Introduction**

**Organization of the Ohio Balance of State Continuum of Care**

The Ohio Balance of State Continuum of Care (BoSCoC) is comprised of the 80 rural and suburban counties in Ohio. The Ohio BoSCoC Board and Steering Committee guide the planning and implementation efforts of the Ohio BoSCoC. For details about the roles and responsibilities of the various BoSCoC committees and workgroups, go to <http://www.cohhio.org/programs/boscoc>.

The Ohio Department of Development (ODOD) and the Coalition on Homelessness and Housing in Ohio (COHHIO) are responsible for managing the work of the CoC.

**Purpose of this Document**

This document is intended to provide information about the process for seeking Ohio BoSCoC support for Permanent Supportive Housing (PSH) projects applying for low-income tax credit funding (in the Service Enriched Housing pool) through the Ohio Housing Finance Agency (OHFA)

As outlined in the 2025-2026 Qualified Allocation Plan (QAP) found at <http://ohiohome.org/ppd/htc.aspx>, OHFA requires all new PSH projects seeking low-income tax credit financing via the Service Enriched Housing pool to provide documentation of CoC support as part of the project proposal. For PSH projects located in one of the 80 counties covered by the Ohio BoSCoC, CoC support must come from the Ohio BoSCoC.

**Ohio BoSCoC Tax Credit PSH Project CoC Support Process**

**Goals for 2025-2026 Ohio BoSCoC PSH Projects**

The Ohio BoSCoC CoC Board has identified the following goals and priorities for new PSH project development in the Ohio BoSCoC:

* Fund new projects that meet community needs in underserved areas
* Fund new projects that utilize best practices in homeless services provision
* Fund new projects that are cost effective
* Fund new projects that serve eligible homeless, disabled populations
* Fund new projects that leverage non-CoC Program resources to assist in the development and sustainability of the PSH units

To help ensure new PSH projects are developed in areas of the CoC with the greatest need, the CoC has identified the following Ohio BoSCoC Homeless Regions as most in need of new PSH resources. You can find a map of the Homeless Planning Regions [here](http://cohhio.org/wp-content/uploads/2017/01/Homeless-Region-Map-for-COHHIO-2017.pdf). The prioritized regions are listed below in order of need (ie, Region 14 has greatest need, etc). Please note, within each planning region, certain counties may have greater need than other counties. Developers are strongly encouraged to consider county-level need when thinking about where to site a project.

* Homeless Planning Region 14
* Homeless Planning Region 5
* Homeless Planning Region 9
* Homeless Planning Region 4
* Homeless Planning Region 2
* Homeless Planning Region 15
* Homeless Planning Region 11
* Homeless Planning Region 3

The Ohio BoSCoC will consider PSH projects located in regions other than those listed above. However, preference will be given to PSH developments in prioritized regions as long as they are of high quality and achieve the goals and priorities of the CoC Board.

Any new PSH project seeking tax credit financing in the Ohio BoSCoC should be prepared to demonstrate how it meets the above stated goals if it hopes to obtain approval of the project proposal.

Lastly, any project receiving CoC support that is successful in securing tax credits and completing development will be required to participate in the Ohio BoSCoC Homeless Management Information System (HMIS).

**Submission Process for 2025-2026 Ohio BoSCoC Tax Credit PSH Projects**

*Soliciting Ohio BoSCoC Support for Proposed Project*

PSH tax credit projects seeking Ohio BoSCoC support must submit the PSH Project Proposal (found in this document) to the Ohio BoSCoC Steering Committee. All PSH Project Proposals should include documentation of Homeless Planning Region support (as described below) and be submitted within the timeframe outlined below. Upon review by the Ohio BoSCoC Steering Committee and CoC Board, all PSH Project applicants will be notified of the status of Ohio BoSCoC support of their project, in accordance with the timeline included on page 3.

*Soliciting Local Homeless Planning Region and/or CoC Support of Proposed Project*

There are 17 Homeless Planning Regions within the Ohio BoSCoC (see the map here: <https://cohhio.org/boscoc/gov-pol/>). These regions manage coordinated entry processes for homeless programs within the region, monitor performance of programs and the system, and plan new programs to meet community need.

PSH tax credit projects will need to obtain a written statement from the applicable Ohio BoSCoC Homeless Planning Region representing the area to be served by the PSH tax credit project indicating that the Homeless Planning Region is in support of the project. The written statement should be signed by the Homeless Planning Region Executive Committee chair and indicate how and why the region decided to support the PSH project. This written statement should be included in the PSH Project Proposal, as described below. Information about Ohio BoSCoC Homeless Planning Regions and local CoC contacts can be found at <https://cohhio.org/boscoc/gov-pol/>.

*Applying for CoC Program Funds*

Often times, PSH tax credit projects seek Continuum of Care (CoC) Program funds to provide the rental subsidy for some or all of the PSH units in the proposed project or to pay for some supportive services. Any Ohio BoSCoC PSH tax credit projects interested in applying for CoC Program funds must clearly note that in their proposal.

Although the Ohio BoSCoC may be supportive of the development of new PSH projects through the LIHTC program, the CoC cannot necessarily commit additional CoC Program resources to the project. Additionally, where federal funds for new PSH have been available, HUD has required those projects be DEDICATED to serving chronically homeless (ie, project must serve chronically homeless exclusively unless no chronically homeless can be found in the service area). All PSH tax credit projects interested in seeking CoC Program funds as part of their overall project should be prepared to dedicate some or all of the PSH units to the chronically homeless.

**Ohio BoSCoC New Project Pipeline**

PSH tax credit projects identified as the Ohio BoSCoC’s highest priority for the 2024-2025 Housing Tax Credit application will be considered a #1 priority for any available CoC Program funding (as needed and desired) in the FY2025 CoC Competition. However, giving a PSH tax credit project the number one priority for CoC Program funds does not mean that all available CoC funds would be directed to the tax credit project. As described previously in the Ohio BoSCoC’s policy priorities, the Ohio BoSCoC will prioritize those PSH tax credit proposals that demonstrate success in leveraging other, non-CoC Program resources in the development and sustainability plans of the project. The Ohio BoSCoC wants to see development of new PSH tax credit projects, thus creating more PSH units than with only new or reallocated CoC funding.

**2024 Ohio BoSCoC Tax Credit PSH Development Process Timeline**

|  |  |
| --- | --- |
| October 17, 2024 | *Ohio BoSCoC: Request for Proposals for LIHTC PSH Project Development* document released  |
| October 2024 | OHFA releases 2025-2026 Affordable Housing Funding Application |
| November 29, 2024 | Deadline to submit Ohio BoSCoC PSH Project Proposal to Ohio BoSCoC Steering Committee* PSH Project Proposal MUST be submitted to be considered for Ohio BoSCoC project support
* Submit to CoC Director at ericamulryan@cohhio.org
 |
| December 17, 2024 | Ohio BoSCoC decisions about PSH Project proposals communicated |
| February 2025 | Deadline to submit proposal applications to OHFA |
| September 2025 | Deadline to submit final applications to OHFA |

**2025-2026 Housing Tax Credit Program**

**Permanent Supportive Housing Project Proposal**

**Ohio Balance of State Continuum of Care**

**Instructions for Completion and Submission of the PSH Project Proposal**

Any organization interested in applying for low-income tax credit financing for a new Permanent Supportive Housing (PSH) Project within the Ohio Balance of State Continuum of Care (BoSCoC) must seek support from the Ohio BoSCoC.

In order to be considered for Ohio BoSCoC support, applicants must complete and submit this PSH Project Proposal. Please keep all narrative responses to a two paragraph maximum. The complete PSH Project Proposal should be no more than 10 pages in length.

Applicants submitting incomplete PSH Project Proposals may not receive Ohio BoSCoC support.

Upon review by the Ohio BoSCoC Steering Committee and CoC Board, all PSH Project applicants will be notified of the status of Ohio BoSCoC support by December 17, 2024.

Any questions about this process or form can be directed to Erica Mulryan, Continuum of Care Director at COHHIO, at ericamulryan@cohhio.org or 614.280.1984 ext 118.

**Project Proposals must be submitted via email**

**to Erica Mulryan (COHHIO), ericamulryan@cohhio.org,**

**by Friday, November 29, 2024**

**PSH Project Proposal**

**Ohio BoSCoC**

**CONTACT INFORMATION**

Provide contact information for the person(s) completing and submitting the PSH Project Proposal and contact information for the person(s) who should receive feedback on the proposal.

 **\*Contact Name:**

 **\*Contact Organization Affiliation:**

 **\*Contact email Address:**

 **\*Contact Phone Number:**

**PROJECT INFORMATION**

**Applicant:**

**\* Organization Type:**

**\* Address:**

 **\* City:**

**\* County:**

**\* State:**

**\* Zip Code:**

**Project Name:**

**Project Service Area:**

List the counties or cities to be served by this project.

**Provide a brief general description of the project:**

The description must include the target population (the primary population to be served by the project – eg, homeless disabled adults, homeless families, etc), and number of units/bedrooms, and any other relevant information.

**Describe how Housing First practices will be used in this project:**

The description must identify how Housing First practices will be implemented in the project and how the applicant/service provider will ensure fidelity to the model. For more information about Housing First, visit http://www.endhomelessness.org/pages/housing\_first).

**Describe how this project meets community needs in its service area:**

The description must include discussion of current local homeless program housing inventory and identification of any gaps therein, explanation of utilization rates of existing local homeless services and their performance on key HUD outcomes (i.e., helping clients retain permanent housing and helping clients move from transitional housing to permanent housing), and recent Point-in-Time Count results. The description must also include discussion of how the proposed target population was determined to be the one most in need locally.

**What is the target population for this project?**

Target populations may include homeless families, homeless individuals with disabilities, homeless victims of domestic violence, homeless individuals with chronic substance abuse issues, etc.

**Will this project be seeking CoC Program funding for any part of the project? If so, describe the type and amount of annual funding the applicant will be seeking. Additionally, indicate who the applicant for CoC funding will be and the anticipated submission date for the application for CoC funding, and why other resources cannot be accessed for this project.**

**Experience of Project Applicant, Sponsor, and Partners**

Describe the specific type and length of relevant experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project.

**Describe experience of project partners related to providing housing and/or supportive services activities and working with homeless persons:**

**SUPPORTIVES SERVICES TO PARTICIPANTS**

**Provide a copy of the supportive services plan to be submitted to OHFA as part of the AHFA proposal application. It can be attached to this proposal form. As a reminder, each of the following items must be addressed:**

* Population(s) to be served and the experience the supportive services provider(s) have serving the target population(s)
* Formal and informal methods that will be used to evaluate the success of the supportive services plan in meeting the individual needs of residents, addressing overall issues of homelessness, and how this information will be conveyed to OHFA and other organizations.
* Methods to provide assistance in applying for Medicaid and other benefits to ensure the needs of residents are met.
* Methods to link residents to services not offered on-site.
* Physical characteristics of the site, design and/or location that will enhance the lives of residents.
* Sources of funding for all supportive services and how the services will be sustained over the 30 year extended use period.

**Type and Scale of Housing**

Provide information about the number of units, beds, and bedrooms that will be used to house tenants, at a point-in-time (a given night).

**Total number of each:**

**\* Units:**

**\* Beds:**

**\* Bedrooms:**

**PROJECT BUDGET SUMMARY**

In the following section provide information about the preliminary budget for the proposed new project. The budget should include information about any relevant funds secured or being applied for and the amount of funds requested (i.e., low-income tax credits, Federal Home Loan Bank funds, Ohio Department of Mental Health & Addiction Services capital funds, etc.)

The budget summary should include information about whether the identified funds have been secured, if decisions are pending, or when application will be made.

Applicants should also include information about the type and amount of state or federal (HUD’s CoC Program) homeless assistance funds they plan to apply for, if any, and the anticipated submission date.

**Additionally, attach a copy of the development budget that is being submitted to OHFA as part of AHFA proposal application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential/Secured** **Funding Source** | **Amount Requested or Secured** | **Uses of Funds** | **Status** |
| Low-Income Housing Tax Credits (LIHTC) |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Housing Credit Gap Financing (HCGF) |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Housing Development Gap Financing (HDGF) |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ohio Department of Mental Health & Addiction Services (Ohio MHAS) Capital Funds |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Community Development Block Grant (CDBG) |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Historic Tax Credits |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HOME  |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bridge LoanFrom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Public Housing Authority Vouchers |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CoC Program  |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other:  |  |  | [ ]  Funds secured/awarded[ ]  Decision pending[ ]  Plan to apply on (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*\* Insert rows as needed |  |  |  |