

**Attachments:**

- 1. Development Summary Form**
- 2. Project Description and Developer Qualifications Narrative**

**Appendices**

- 1. Full Service Partnerships and Intensive Case Management Teams List**

**San Mateo County MHSa Housing Program  
Attachment 1: Development Summary Form**

**1. Lead Entity and Collaborative Partners**

Project Sponsor's Entity Name:

Executive Director:

Project Sponsor's Contact Person:

Contact Info (Address, phone, e-mail):

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Developer Entity Name (if different from Sponsor):

Executive Director:

Developer Contact Person:

Contact Info (Address, phone, e-mail):

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Property Manager Entity Name:

Executive Director:

Property Manager Contact Person:

Contact Info (Address, phone, e-mail):

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Primary Service Provider (if known):

Executive Director:

Service Provider Contact Person:

Contact Info (Address, phone, e-mail):

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Long Term Owner (if different from Developer or Project Sponsor):

Executive Director:

Owner Contact Person:

Contact Info (Address, phone, e-mail):

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## 2. Project Information

Note: For this section, please describe an identified project site if it has been identified or there is site control. If no project site has been identified but the developer wishes to present a development concept as a way of demonstrating interest in participating in the San Mateo County MHSA Housing Program, please indicate "Conceptual Proposal" for the Project Address and provide as much additional information about the development concept as possible, including a conceptual project proforma.

Project Address (if known):

Total number of units and bedroom types:

Total number of MHSA units and bedroom types:

Target MHSA population:

- Children/Youth and their Families
- Transition Aged Youth
- Adults
- Older Adults/Medically Fragile Transition Aged Adults

Type of Development

- Rental
- Shared
- New Construction
- Acquisition/Rehab

Type of Building

- Apartment
- Shared
- Condominium
- Single Family Home
- Other

Total Cost of Development:

Total Cost of MHSA Units:

Amount of MHSA Funds Requested:

Requesting MHSA Capitalized Operating Subsidy:

Project Proforma: (Please attach Development and Operating proforma)

In submitting this Application, I certify that I have read the Request for Applications, and that I understand that it is not a competitive solicitation offered by San Mateo County or BHRS. I also understand that acknowledgement and posting of the application is not a guarantee that BHRS will support an application for State DMH funding.

Signature: \_\_\_\_\_

Name (please print):

Title:

Date:

**San Mateo County MHSa Housing Program**  
**Attachment 2: Project Description and Developer Qualifications Statement**

In three (3) pages or less, please provide brief answers to the following. Please also indicate the primary contact person for the development and what percentage (in full-time equivalent or FTE) of their time will be devoted to this project.

Additional supporting documentation, such as a list of relevant past projects, may be attached, up to a total of ten (10) pages of supporting documentation.

- 1) Briefly describe the proposed development or development concept.
  
- 2) Briefly summarize the Project Sponsor's relevant experience, including developing and/or managing housing for the target population:
  
- 3) If different from Project Sponsor, briefly summarize the Project Developer's relevant experience, including developing housing for the project's proposed population:
  
- 4) Briefly summarize the proposed supportive services plan for the project, including types of services and programs, service provider(s) and provider experience servicing that target population. If the service provider(s) have not been identified, please so indicate:
  
- 5) Briefly describe the status of project site control, zoning, public approvals or any other significant issues that may be required to proceed with the project acquisition/ construction. If a particular site has not been identified, please describe how you would go about identifying a suitable site and securing site control:
  
- 6) Briefly describe the development financing plan for the project and indicate whether any funding commitments have been secured.

**San Mateo County MHSa Housing Program  
Appendix 1: Full Service Partnership and Intensive Case Management  
Teams**

<b>FSP/ICM Team</b>	<b>TARGET POPULATION</b>	<b>SERVICE AREA</b>
Mateo Lodge Inc.	Adults	County-Wide
Caminar	Adults	County-Wide
Mental Health Association of San Mateo County	Adults	County-Wide
Telecare Corporation	Adults/Older Adults/Medically Fragile	County-Wide
Edgewood Center for Children and Families	Children, Youth, Transition Aged Youth	County-Wide