

Service Provider Questionnaire

(Submit Under Tab 28 of the 2007 Multifamily Housing Application)

This form is used by PHFA to determine the capacity of the applicant to meet the needs of residents as described in the Supportive Services Plan Outline. All applicants requesting consideration for providing service-enriched housing for the designated resident population (general occupancy, over 55, over 62, or populations with special needs) must complete and include this form with the Application.

PHFA Proposed Development: _____

Name of Owner or Agent: _____

Name of Service Provider: _____

Occupancy Type: _____

Please attach answers to questions 1 through 10 in narrative form.

GENERAL INFORMATION

1. Summarize the service provider's mission and goals for the current fiscal year.
2. How many years has the service provider been active in delivering social services?
3. Is the service provider currently involved in service-enriched housing? If yes, summarize experience in providing on-site services for residents. Include name of housing development(s), property management company, and type of services provided. If no, please describe methods that will be used to increase your company's knowledge and understanding of providing service-enriched housing.
4. Describe collaborative efforts that demonstrate the service provider's capacity to deliver supportive services. Please identify organizations or companies involved in the collaboration and the nature of the organization's involvement.

PERSONNEL

5. How many people are employed by the service provider organization?
6. List the job titles of personnel who will work directly with residents of the proposed property. Attach an organizational chart.
7. Attach resume(s) of key personnel who will be responsible for providing services in this proposed development. If new staff must be hired in order to implement the work at this property, attach job description(s), including qualifications, and identify resources to pay for cost of salaries.
8. Are key personnel currently involved in service-enriched housing programs at other properties? If yes, explain how many properties, how many total units, where they are located, and how staff's time will be divided between current responsibilities and responsibilities at the new development.

STAFF PROFESSIONAL DEVELOPMENT

9. List the professional training courses and workshops completed in the past 3 years by key personnel at this proposed development. (List job title of staff, training attended, and date of training.)

10. Will participation in this service-enriched housing program require additional staff professional development? If yes, describe training and/or skills that will need to be developed or improved.

SERVICE PROVIDER’S OFFICE LOCATION(S)

Address of Principal Office: _____

Name/Title of Contact Person: _____

Telephone: _____

Fax Number: _____

E-mail: _____

Areas Served {County(s), Neighborhood(s), etc.}

Other Offices Close to proposed development: _____

Address: _____

Telephone: _____

Address: _____

Telephone: _____

A. Is the service provider a subsidiary of another organization? Yes No

If yes, please provide name and address of the parent organization and describe relationship, tax status.

B. Indicate the total number of clients served during the last fiscal year. Identify the amounts and sources of funding.

Client/Service Type	Number Served	Funding Level	Funding Source
Senior/Elderly Services	_____	_____	_____
Adult/Family Services	_____	_____	_____
Children/Youth Services	_____	_____	_____
Addictions	_____	_____	_____
MH/MR	_____	_____	_____
Education/Job Readiness	_____	_____	_____
Other _____	_____	_____	_____

C. Has the service provider or any of its current personnel ever been involved in governmental investigation or judicial action or settlement concerning charges of a violation of local, state or federal laws or regulations concerning discrimination, fair housing violations or other civil rights laws, or concerning violations of federal, state or local regulations regarding use of funds?

Yes No

D. Have any service grants or contracts held by the service provider over the past five years been terminated prior to their expiration dates?

Yes No

E. Have any grants or contracts held by the service provider over the past five years not been renewed upon expiration?

Yes No

If you answered **yes** to question C, D, or E, attach an explanation or any supporting documentation necessary to explain the circumstances surrounding these situations.

I certify that the information contained herein and attached is accurate and complete.

NAME OF CEO/EXECUTIVE STAFF

SIGNATURE

TITLE

ORGANIZATION NAME

DATE

Annual Supportive Services Report

PHFA # : _____

Name of individual completing this report: _____ Phone: _____ Email: _____

Changes to Supportive Service Plan: _____

Complete table across for each type of service offered below. See example below:	Service Provider (name of agency or in-house)	Specific Service Provided	Source of support *	# of hours of service	# of unduplicated residents served	Impact of service on residents/community
<i>Adult Activities Transportation</i>	<i>YMCA In-house</i>	<i>Exercise classes Van shuttle service</i>	<i>D Op</i>	<i>150 hrs 600 hrs</i>	<i>27 residents 48 residents</i>	<i>Improved resident health and social interaction. Increased mobility and community involvement.</i>
Adult Activities						
Youth Activities						
Health Promotion & Health Services						
Housekeeping/Errands						
Job Training/GED/Education						
Life Skills Training						
Meals						
Service Coordination						
Transportation						
Other:						

* Source of support: identify whether service was paid for through site annual operating budget (Op), Supportive Services Escrow (Es) account, donated (D), or other sources.