



**Peer Network: Application
Rural Supportive Housing Initiative
Collaborative Solutions, Inc.**

To be eligible for the Initiative, applicants must be able to commit to attending all training sessions offered.

Deadline: To apply to be part of the Initiative, submit **one copy of an application to CSI by Friday, October 19, 2007.**

Submission: Submit one copy to CSI by mail or email:

Mailing Address:

Ashley Kerr
Collaborative Solutions, Inc.
P.O. Box 130159
Birmingham, AL 35213-0159

Email: ashley@collaborative-solutions.net

Questions: Questions about this application? Please contact Ashley Kerr at (205) 939-0411x205 or ashley@collaborative-solutions.net.



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CONTACT & ORGANIZATIONAL INFORMATION

First Name	
Middle Initial	
Last Name	
Title	
Organization Name	
Address	
City and State	
Zip	
Phone	
FAX	
Email	
Web Address	

Designated Team Leader for the Initiative:

Name	
Title	
Telephone	
Email	



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Narrative:

1. Organization Goals

- What is your organization's goal for being part of this Initiative?
- How do you see your organization contributing to the Peer Network process?

2. Organizational Mission and Goals

- State the mission of your organization.
- What are the short-term and long-term housing goals for your organization?

3. Supportive Housing Goals

- What are your organization's goals for supportive housing?

4. Supportive Housing Experience

- Please provide information on your organization's prior supportive housing experience (if applicable).

5. Collaborative Experience

- Please provide information on your organization's prior experience partnering with other organizations interested in housing and/or supportive services (e.g., county development office, local health department (if applicable)).

6. Additional Information

- Discuss any issues of capacity that your organization anticipates will be addressed during your work with the Peer Network.
- Please indicate the rural counties your organizations will target.
*Rural counties are any counties outside of a metropolitan area or an area with a population less than 2500 residents.
- Please provide any other relevant information to this application.

Attachments:

1. Please provide statement that acknowledges the organization's Board of Directors is in agreement with the provision of housing and is aware of your application to the Peer Network.
2. Please include the following organizational documents:
 - a. Organizational Chart
 - b. Current Budget and Audit
 - c. Annual Report (if available)
 - d. Listing of Board of Directors