



Supportive Housing Providers Association

Providing advocacy for permanent housing solutions.

December 21, 2017

Supportive Housing Provider Association Members and Friends -

As the Supportive Housing Providers Association enters a new year of advocacy for supportive housing, we would like to thank our dedicated members for the excellent services they provide and for their hard work in advocating on behalf of supportive housing.

To our Members - thank you for your continued support of SHPA! Your membership and participation are the primary reason for the Association's success. We hope that you will renew your membership and continue to partner with us! *As you renew membership, we also ask that you update all contact information relevant to your organization and project information for our records. See the form attached.*

If you are not yet a member, we invite you to join us! To become a member, or for more information, please contact: David Esposito or Aaron Eldridge Sr. at 217-321-2476 or via e-mail at d.esposito@shpa-il.org or a.eldridge@shpa-il.org. Membership runs on the calendar year.

Organizations, individuals and Continua of Care are invited to join.

If there is one lesson that tough times teach us, it is the importance of friends and allies. This applies to organizations as much as it does to individuals. We are better together. We can make a difference. The past twenty-four plus months have been extremely challenging for the supportive housing field. Longstanding budget pressures persist but our collective voice is being heard for our supporters in the Legislature. Our detractors are also aware of what cuts to programs will mean to their districts and their constituents. We have been successful in increasing supportive service funding to previous levels, yet it is not enough after 2 ½ years of less than adequate funding and the uncertainty of maintaining even current level, therefore our ongoing advocacy is even more important than ever.

Our future success will depend on your participation and financial support. Beyond financial support, we also want you to be active in advocating for supportive housing. We need your expertise, your perspective and your passion.

Attached is your invoice for your 2018 membership support. Please identify your dues level on the attached scale and make your check payable to:

Supportive Housing Providers Association
206 S. 6th Street
Springfield, Il. 62701

We look forward to working with you in the year ahead. If you have any questions related to the dues level indicated on your invoice, contact David Esposito or Aaron Eldridge at 217-321-2476 or via e-mail at d.esposito@shpa-il.org or a.eldridge@shpa-il.org.



Supportive Housing Providers Association

Membership Application (page 1 of 3)

Name of Organization:

Address:

Name of Executive Director/CEO:

Phone:

Fax:

Email:

Name of Organization Contact:

Title:

Phone:

Fax:

Email:

Organization Mission Statement:

Total Agency Budget \$ _____

Total Supportive Housing Budget \$ _____

Are you a Certified Medicaid Billing Agency? Yes No

Are you a member of SHPA? Yes No

Are you interested in becoming a member of SHPA? Yes No

Would you like someone to contact you about being a member of SHPA? Yes No

Membership Application (page 2 of 3)

Please fill out the following table of information on your current or *planned supportive housing projects. If you have more than three projects, please use multiple sheets.

Project Table:	PROJECT #1	PROJECT #2	PROJECT #3
Name of SH Project:			
Address:			
Primary Contact:			
Phone:			
Fax:			
E-mail:			
Model of Housing: <small>(i.e. PSH, SH, TH, TH-RRH, RRH, ES)</small>			
Project Based, Scattered Site or Combination			
Number of units:			
Total Number of Beds:			
Primary Population:			
Primary Disability: <small>(if applicable)</small>			
Primary Supportive Services Offered:			
Are Supportive Services provided by someone else? If so, who?			
Total SH Budget: <small>(please complete Budget Table on page 3)</small>	\$	\$	\$
District # (Illinois)			
District # (Congressional)			
CoC ID #: (if applicable)	IL-	IL-	IL-

Membership Application (page 3 of 3)

Please fill out the following table of information on your current or *planned supportive housing projects. If you have more than three projects, please use multiple sheets.

Budget Table:	PROJECT #1	PROJECT #2	PROJECT #3
Total SH Budget: <small>(from page 2)</small>	\$	\$	\$
Total HUD Budget:	\$	\$	\$
Name HUD Program: <small>(i.e. CoC Program)</small>			
Total DHS Budget:	\$	\$	\$
Name DHS-Fund Program: <small>(i.e. 820, 830, 220, Homeless, Gen. Revenue)</small>			
Other Federal:	\$	\$	\$
Describe:			
Other State:	\$	\$	\$
Describe:			
Other:	\$	\$	\$
Describe:			
Other:	\$	\$	\$
Describe:			
Other:	\$	\$	\$
Describe:			

*** This is not a funding application and does not imply that there is or will be funding available for new projects.**

Providing the information pertaining to any planned supportive housing projects allows for SHPA to have knowledge of said project and provides us with information that will guide our advocacy efforts.



Supportive Housing Providers Association

Membership Agreement (page 1 of 2)

Please sign the membership agreement and send to the address listed below.

The Supportive Housing Providers Association exists to advocate for issues that will increase and strengthen the supply of supportive housing, to provide a forum for members to discuss their experiences, and to increase the effectiveness of its members through the dissemination of information.

I understand that if my organization is accepted as a member of the Supportive Housing Providers Association that membership carries certain privileges and responsibilities.

The privileges and benefits of membership include:

1. Legislative advocates working regularly on behalf of SHPA members and periodic strategic advice for developing and nurturing relationships with legislators.
2. Ability to vote on major legislative/policy issues and priorities which guides SHPA's advocacy efforts.
3. Timely knowledge for Call to Action or Action Alerts and necessary materials, such as letter templates or call scripts pertaining to important legislation that impacts supportive housing and residents.
4. Forum for information sharing on the current financial and political environment for developing supportive housing.
5. Benefits of networking with providers of supportive housing from across the state and sharing of best practices at semi-annual associations meetings and regional workshops at least 2x per year.
6. Benefits of broader network of members and affiliates, such as Healthcare Systems, Landlords & Developers, Managed Care Organizations
7. Free or discounted attendance at regional workshops that could include CEU credits for further staff development.
8. Access to any studies or educational materials developed by or shared with SHPA for educating legislators and the public regarding supportive housing.
9. Robust Resident Leadership Program to assist residents in their advocacy development and Scholarships to attend the Annual Resident Conference Annual and Spring Association meetings, and other local and national conferences as budget allows.
10. Electronic Peer to Peer program to share ideas, discuss challenges, and information sharing as needed.

The responsibilities of membership include:

1. Agreeing to maintain confidentiality and trust which will enable members to discuss their projects in an environment, which is not threatening to their organization's viability.
2. Agreeing to share honestly with other members your experience so that all members can learn from it to improve their projects.
3. Agreeing to pay annual dues according to the sliding scale below for membership in the Supportive Housing Providers Association.
4. Membership meetings in Springfield.
5. Supporting major SHPA advocacy campaigns through calls, letters, or visits to legislators.

Your organization's dues are based on the size of your organizational budget as follows:

- Not-for-Profit Organizations with budgets of \$0 to \$250,000 pay \$460 in dues annually.
- Not-for-Profit Organizations with budgets of \$250,001 to \$500,000 pay \$805 in dues annually.
- Not-for-Profit Organizations with budgets of \$500,001 to \$1 million pay \$1,725 in annual dues.
- Not-for-Profit Organizations with budgets of \$1 million to \$5 million pay \$2,300 in annual dues.
- Not-for-Profit Organizations desiring to team, align, join in, ally or band together with the association pay \$345 in annual dues
- Individuals interested in supporting the work of the Association through financial contribution, excludes for-profit businesses, consultants, etc., pay \$405 in annual dues
- Continua of Care – pay \$100 in annual dues

Failure to meet the responsibilities of membership can result in loss of membership in the organization and the forfeiture of all dues paid. Membership in SHPA does not constitute the automatic endorsement by SHPA of the applying organization's activities. By signing my name to this document, I agree that if my organization is chosen for membership, we will abide by the responsibilities outlined above:

Signed: _____ Date: _____
CEO/Executive Director

Print: _____
CEO/Executive Director

Please return completed application & membership fee to:

Supportive Housing Providers Association (SHPA)
206 S. Sixth St. Springfield, IL. 62701
Attention: Mary Palmer Email: mpalmer@firminc.com