Empowering Lives Through Sustainable Tiny Home Villages

Executive Summary

Homelessness is not a failure of individuals—it is a failure of systems. In communities such as Owensboro, Kentucky, individuals and families face persistent barriers to stable housing, employment, healthcare, and long-term independence. This proposal presents a **self-sustaining Tiny Home Village** designed to provide permanent housing, wraparound support, and economic opportunity for formerly homeless individuals and families.

The village is intentionally designed to balance **compassion with structure**, **dignity with accountability**, **and ambition with financial realism**. It provides permanent housing without arbitrary eviction, while maintaining clear community standards supported by individualized plans, on-site services, and graduated intervention when challenges arise. The goal is long-term stability—not temporary shelter.

Development is structured in **phases** to ensure operational stability, regulatory compliance, and responsible stewardship of capital. This approach reduces upfront risk, allows systems to be validated in real-world conditions, and enables measured expansion as occupancy stabilizes and services mature.

The village will ultimately accommodate up to **150 residents**, including single adults, single parents with children, and small families, in private, durable, tornado-resistant tiny homes. Each unit includes a private bathroom and kitchenette, with layouts designed to preserve privacy, family cohesion, and independence. A minimum of 10% of homes will be ADA-accessible.

To ensure long-term sustainability, the village integrates **on-site food production, resident employment, and community-based enterprises**. Greenhouses and hydroponic systems reduce food costs while providing vocational opportunities. Resident-run services—such as landscaping, cleaning, maintenance, contracting, and light auto repair—create income streams that support both the community and individual residents. These enterprises are introduced gradually, aligned with resident readiness and local demand.

A hybrid solar energy system is planned to significantly reduce long-term utility costs and improve resilience. Solar deployment is phased to reflect permitting and interconnection timelines, with increasing offsets over time and full operational benefits realized once systems are fully commissioned.

Residents are supported through mandatory participation in therapy, recovery accountability, workforce development, and personalized stabilization plans, delivered through a combination of on-site staff and formal partnerships with local service providers. Transportation access, communal spaces, optional shared meals, and community activities foster connection, belonging, and mutual support.

Financial modeling intentionally uses **conservative assumptions**, including realistic construction costs, staffing needs, and revenue ramps. Operations are projected to reach breakeven within five to six years, excluding one-time capital expenditures, with long-term surpluses reinvested into services, maintenance, and future village development.

Beyond addressing homelessness locally, this village is designed as a **replicable platform**—a model that can be scaled to additional communities using standardized designs, operational playbooks, and partnership frameworks. With the right collaborators, this initiative has the potential to reduce homelessness more effectively and affordably than traditional shelter-based systems while restoring stability, dignity, and opportunity to those it serves.

The Problem: Homelessness Requires Permanent, Structured Solutions

Homelessness stems from intersecting failures: housing shortages, mental health gaps, insufficient wages, and fragile support networks. In Owensboro and Daviess County, housing shortages of **3,000–3,800 affordable units** and visible unsheltered populations highlight the need for alternatives beyond short-term shelters. Statewide in Kentucky, homelessness continues to rise, with families and children disproportionately affected.

Traditional shelters—while necessary—often lack permanence, stability, and economic pathways, leading to **recidivism rates approaching 50%**. Evidence increasingly shows that **permanent housing with structured support** is both more humane and more cost-effective than emergency-only responses.

Our Solution: A Phased, Self-Sustaining Tiny Home Village

Core Principles

- **Permanent Housing First**, not time-limited shelter
- Structured Accountability, not punitive eviction
- Dignity, Privacy, and Family Stability
- Financial and Operational Realism
- Scalability and Replication

Language Clarification

This model adopts a "no arbitrary failure" philosophy:

Residents are not evicted for inability to pay, relapse, or setbacks. Instead, structured accountability, graduated support, and individualized intervention plans are used to preserve housing stability while maintaining community standards.

Phased Development Plan

Phase 1: Pilot Village (40-50 Units)

- Validates zoning, community integration, service delivery, and cost assumptions
- Reduces upfront capital requirements
- Enables early outcomes and data collection for funders

Phase 2: Expansion (30–40 Units)

- Added once occupancy stabilizes and systems are proven
- Expands job training and social enterprise capacity

Phase 3: Full Build-Out (Remaining Units)

• Achieves long-term scale (up to 100 total homes)

Housing Design (Cost Assumptions)

All units are private, durable, and designed for long-term occupancy.

Unit Type	Quantity	Cost per Unit	Notes
Single Occupancy (80–120 sq ft)	70	\$32,000-\$38,000	Private bath, kitchenette
2-Bedroom (200-300 sq ft)	20	\$55,000-\$70,000	Single parent households
3-Bedroom (300–400 sq ft)	10	\$75,000-\$90,000	Family units

- 10% ADA-modified units included
- Construction reflects tornado-resistant materials and utility efficiency

Food Security & Sustainability (Conservative Ramp)

- Greenhouses, hydroponics, and limited aquaponics introduced in **phases**
- Primary objective: **cost offset first**, revenue second

• Surplus sold locally only after internal food needs are met

Projected impact:

- 30–40% food cost reduction by Year 3
- Gradual skill development for residents

Solar & Utilities (Risk-Adjusted Rollout)

• Solar deployment phased to reflect permitting and interconnection timelines

Year Utility Offset Year 1 0–20% Year 2 40–60% Year 3+ Up to 100%

Savings are conservatively modeled to ensure financial resiliency.

Employment & Resident Enterprises (Phased Launch)

Rather than assuming immediate productivity, on-site businesses are staged:

Early-Stage (Years 1-2)

- Landscaping
- Cleaning services
- Internal maintenance

Growth-Stage (Years 3–5)

- Contracting & repairs
- Light auto maintenance
- Expanded agriculture sales

Revenue expectations are **modest initially and scale with resident readiness**, not idealized outputs.

Support Services & Staffing

Recognizing the intensity of mandatory therapy and accountability:

- Increased staffing assumptions
- Formal partnerships (MOUs) with:
 - Local healthcare providers
 - o Mental health nonprofits
 - Workforce agencies
 - Telehealth platforms

This reduces burnout risk while maintaining service quality.

Financial Overview

Capital Costs (Full Build-Out)

Category	Estimated Cost
Land & Site Prep	\$150,000
Housing Construction	\$4.5–5.6M
ADA Modifications	\$100,000
Food Infrastructure	\$600,000
Solar (Net of Incentives)	\$2.9–3.2M
Transportation & Equipment	\$100,000
Permits, Design, Contingency	\$500,000

Total Capital Range: \$8.9–10.2M (phased, not upfront)

Operating Costs

Category Annual Cost (Stabilized)

Staffing \$1.1M Food (Net of Production) \$450k Utilities (Post-Solar) \$80k Maintenance \$180k Programs & Services \$200k Insurance, Admin, Misc \$300k

Total: ~\$2.31M annually

Revenue Ramp (Conservative)

Year Revenue

- 1 \$500k
- 2 \$900k
- 3 \$1.5M
- 4 \$2.1M
- 5 \$2.6M
- 6 \$3.2M

Operating breakeven projected between Years 5–6, excluding capital costs.

Risk Disclosure (Explicit)

- Zoning & neighborhood approval delays
- Licensing for food and trades
- Workforce readiness variability
- Cash-flow gaps during scaling

Mitigation includes phased growth, diversified funding, and conservative modeling.

Strategic Positioning for Funders

This project is:

- Cost-disciplined
- Phase-controlled
- Outcomes-driven
- Replicable

It offers funders high-impact leverage with reduced execution risk.

Long-Term Vision

Following stabilization, the model can be:

- Replicated in other Kentucky cities
- Licensed as an operational framework
- Used as a regional alternative to shelter-heavy approaches

Closing

This plan reflects realism, accountability, and humility—while preserving ambition and compassion. It is intentionally designed to meet the scrutiny of public agencies, foundations, and impact investors without sacrificing mission integrity.

With the right partners, this village can serve as both a local solution and a national example.

Phase 1 Pilot Budget Summary

Capital Budget (One-Time Costs)

Category	Estimated Cost Range	Notes
Land Preparation & Infrastructure	\$250,000-\$350,000	Utilities, grading, roads, drainage
Tiny Home Construction (40–50 units)	\$1,600,000–\$2,100,000	Mixed unit sizes, private bath & kitchenette
ADA Modifications (≥10% units)	\$60,000–\$90,000	Accessibility compliance
Community & Service Buildings	\$250,000-\$350,000	Offices, therapy rooms, storage
Food Infrastructure (Pilot Scale)	\$180,000-\$250,000	Greenhouse, hydroponics, storage
Furnishings & Equipment	\$120,000-\$180,000	Beds, appliances, office equipment
Design, Permits, Legal, Engineering	\$180,000-\$250,000	Zoning, inspections, compliance
Contingency Reserve (~10–12%)	\$300,000-\$430,000	Construction & regulatory risk

Total Phase 1 Capital Cost: \$3,200,000 - \$4,100,000

Operating Budget (Annual – Stabilized)

Category	Annual Cost Range	Notes
Staffing & Case Management	\$520,000-\$650,000	Case managers, admin, on-site support
Clinical & Partner Services	\$180,000-\$240,000	Therapy, recovery accountability
Food & Supplies (Net of Production)	\$160,000-\$210,000	Supplemental to pilot food systems
Utilities & Communications	\$120,000-\$160,000	Grid electricity, water, internet

Category	Annual Cost Range	Notes
Maintenance & Repairs	\$90,000–\$120,000	Facilities, grounds
Insurance & Professional Services	\$80,000–\$110,000	Liability, audit, legal
Transportation & Fuel	\$40,000–\$60,000	Resident access & services
Administrative & Miscellaneous	\$60,000–\$90,000	Software, compliance, overhead

Total Annual Operating Cost: \$1,200,000 - \$1,400,000

Pilot Funding Structure

Item	Amount
Capital Funding Required (One-Time)	\$3.2M - \$4.1M
Operating Reserve (24 Months)	\$2.4M - \$2.8M

Total Phase 1 Funding Target: \$5.6M - \$6.9M

Cost Per Resident (Pilot)

Metric	Estimate
Residents Served	60–80
Annual Cost per Resident	~\$17,000–\$23,000

Financial Controls

Control	Purpose
Phased Occupancy Ramp	Prevents early cost overruns
Capital Contingency	Absorbs construction risk
Partner Service Agreements	Limits staffing growth
Quarterly Financial Review	Ensures budget discipline

Phase 1 Timeline (12–24 Months)

Phase 1 Pilot Milestones

Timeframe	Milestone	Key Outcome
Months 0–2	Site Control Secured	Land option/lease finalized; initial site due diligence complete
Months 1–3	Zoning & Regulatory Approvals	Zoning confirmation, permits initiated, community engagement completed
Months 2–4	Design & Engineering Finalized	Site plans, unit designs, infrastructure layouts approved
Months 3–5	Vendor & Contractor Procurement	Construction, utilities, and service vendors contracted
Months 4–6	Site Preparation Begins	Grading, utilities, foundations, access roads underway
Months 5–9	Tiny Home Construction	40-50 units constructed or delivered
Months 7–10	Community & Service Buildings Completed	Offices, therapy rooms, storage operational
Months 8–11	Staffing & Partner Onboarding	Case managers hired; MOUs with service partners executed
Months 9–12	Initial Occupancy (Cohort 1)	First residents housed; support services active
Months 12– 15	Stabilization Period	Occupancy ramp-up; program adjustments based on data
Months 15– 18	Full Pilot Occupancy Achieved	40-50 units occupied; operations stabilized
Months 18–21	Pilot Performance Evaluation	Outcomes measured; cost and staffing validated
Months 21– 24	Expansion Readiness Decision	Go/no-go decision for Phase 2 expansion

Evaluation Checkpoints

Checkpoint Focus

Month 6	Construction progress & budget adherence
Month 12	Early resident outcomes & service delivery
Month 18	Financial sustainability & staffing efficiency
Month 24	Expansion viability & replication readiness

Phase 1 Outcomes & Metrics

Resident Stability & Housing Outcomes

Metric	Target Range	Measurement Method
Housing Retention Rate	85–90%	Occupancy records at 6, 12, 18 months
Average Length of Stay	12+ months	Resident tenure tracking
Unplanned Exits	<10% annually	Exit logs and case reviews
Family Household Stability	≥85% retained	Household tracking

Health, Recovery & Wellbeing

Metric	Target Range	Measurement Method
Participation in Therapy/Case Plans	≥90%	Attendance and compliance logs
Reduction in Emergency Service Use	25–40%	Self-report + partner data (when available)
Recovery Plan Engagement (where applicable)	≥70%	Case manager reports
Connection to Primary Care	≥80%	Partner verification

Employment, Income & Benefits

Metric	Target Range	Measurement Method
Participation in On-Site Work	60-70%	Work assignment tracking
Employment or Benefits Secured	50-65%	Income verification
SSI/SSDI Applications Submitted	As eligible	Case records
Income Stability Improvement	Qualitative increase	Case reviews

Operational & Financial Performance

Metric	Target Range	Measurement Method		
Cost per Resident (Annual)	\$17k-\$23k	Financial statements		
Budget Variance	$\pm 5 - 8\%$	Quarterly budget review		
Staffing Utilization	Within plan	Time & service logs		
Partner Services Utilization >75% of capacity MOU reporting				

Phase 1 Risks & Mitigation

Development & Regulatory Risks

Risk	Potential Impact	Mitigation Strategy
Zoning or permitting delays	Schedule extensions	Early engagement with planning officials; phased approvals
Neighborhood opposition	Political or legal delays	Community outreach; pilot-scale framing
Utility connection delays	Occupancy lag	Temporary service solutions; schedule buffers

Construction & Cost Risks

Risk Potential Impact Mitigation Strategy

Construction cost overruns Budget pressure Competitive bidding; contingency reserve Supply chain delays Schedule slippage Multiple vendors; advance procurement Weather-related delays Timeline shifts Seasonal planning; schedule float

Operational & Staffing Risks

Risk Potential Impact Mitigation Strategy Conservative staffing ratios; partner Staffing burnout Service disruption services Inconsistent resident Individualized plans; graduated Program strain interventions engagement Operational Turnover in key roles Cross training; documentation instability

Financial & Funding Risks

Risk Potential Impact Mitigation Strategy

Cash-flow gaps Operational risk 24-month operating reserve

Delayed reimbursements Liquidity pressure Reserve policy; diversified funding

Program & Community Risks

Risk Potential Impact Mitigation Strategy

Behavioral incidents Safety concerns Clear community standards; rapid support

escalation

Rule enforcement

challenges

Erosion of norms Consistent policies; staff oversight

Low initial trust

Stabilization Gradual intake; orientation period

Evaluation & Expansion Risks

Risk Potential Impact Mitigation Strategy

Inconclusive pilot results Expansion hesitation Defined metrics; evaluation checkpoints

Overexpansion pressure Mission drift Go/no-go decision gates

External economic shifts Cost increases Conservative assumptions; adaptable pacing