

OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

DODD approval by: _____	Date: _____	Project # _____
Approved reimbursement, subject to Department rules and guidelines, up to: <i>For DODD use only</i>		\$ _____

LETTER OF INTENT COMMUNITY RESIDENTIAL RENOVATION PROJECT APPLICATION FORM

NOTE: Please complete a separate request form for each project address.

COUNTY _____

Individual	DC Downsizing	ICF Conversion	ICF Exit	Diversion CB Waiting List

1. APPLICANT INFORMATION:

_____ Organization's Name

Mailing Address (city, state, zip)

Name of Contact Person & Title

Telephone Number

E-mail Address

Does applicant own home?

Yes

No, owner's
name:

As defined in ORC 5123:1-1-17, is the owner a nonprofit corporation or governmental entity?

_____ Yes

_____ No

If not, explain eligibility to utilize funds.

2. HOUSE INFORMATION:

Address of Home to be Renovated

City

Auditor's appraised value of the home:

Date last appraised

(If seeking funding over \$20,000, a current appraisal will be required for project reimbursement.)

Year of original construction

#bedrooms/bathrooms

Sq. Ft.

Number of individuals with developmental disabilities residing in this home:

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Have any Community Capital Assistance funds (CCA) or State Capital Construction Funds (MR projects) been previously used to purchase or make renovations this home?

Yes No If yes, and a MR project, provide the original MR project number

3. PROJECT DETAILS:

(Please provide a detailed description of renovation work to be performed in the project request with justification demonstrating the need. Include specific resident requirements, the age of the current construction / critical equipment, frequency of repairs in the past two years and repair \$ spent. Make your case for the funds.)

Ramps _____ Bathroom _____ Roof _____ HVAC _____ Windows _____
Siding _____ Other _____

Project Description/Justification: _____

4. ESTIMATED PROJECT COSTS:

Construction costs: \$ _____
Design costs: \$ _____
Permits/Fees: \$ _____
Miscellaneous costs (inspections, appraisals): \$ _____
Other (itemize): _____ \$ _____
Total Estimated Cost: \$ _____
DODD CAPITAL FUNDS REQUESTED \$ _____

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How was the project estimate generated (architect, RFP, contractor, project manager, estimating software, etc.)?

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PROJECT TIMELINE:

Assuming that DODD approval is received within 2 weeks of the DODD receipt date, provide target dates for the completion of each phase.

<u>Process</u>	<u>Completion by</u>
Architect selection	_____
Preparation of bids	_____
Bidding and contract	_____
Construction	_____
Payment submission	_____

6. APPROVAL SIGNATURES

I hereby certify that the information provided above is complete and accurate to the best of my knowledge.

Authorized applicant signature _____ Date _____

Authorized County Board of DD acknowledgement _____ Date _____

Submit form to: Ohio Department of Developmental Disabilities
Division of Residential Resources
DODD Housing and Capital Programs Office
1601 West Broad Street
Columbus, Ohio 43222