

# Letter of Intent - Application Form

## Community Residential Renovation Project



Department of  
Developmental Disabilities

### DODD Use Only

Pre-approval by \_\_\_\_\_ Date \_\_\_\_\_ Project No. \_\_\_\_\_

Funding limit subject to DODD rules, guidelines and controlling board approval, up to \$ \_\_\_\_\_

County \_\_\_\_\_

Individual	DC downsizing	ICF Conversion	ICF Exit	Diversion CB waiting list

### Applicant Information

Organization's name	Mailing address
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Contact name and title	Contact telephone	Contact email
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Does applicant own home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Owner's Name
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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.

### House Information

Address of home to be renovated	City
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Auditor's appraised value of the home	Date last appraised	Bedrooms	Bathrooms	Square feet
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<i>If seeking funding over \$20,000, a current appraisal will be required for project reimbursement</i>	Year of original construction	Number of people with developmental disabilities in the home
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Have any Community Capital Assistance (CCA) funds or State Capital Construction Funds (MR projects) been previously used to purchase or make renovations this home?  Yes  No

If yes, and an MR project, provide the original MR project number \_\_\_\_\_

## Project Details

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Provide a detailed description of renovation work to be performed in the project request with justification demonstrating need. Include specific resident requirements, the age of the current construction or critical equipment, frequency of repairs in the past two years and amount spent. Make a case for the funds.

Ramps	Bathroom	Roof	HVAC	Windows	Siding	Sprinklers
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Other

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Project Description and Justification

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## Estimated Project Costs

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\$ \_\_\_\_\_ 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

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

Process	Completed by
Architect selection	_____
Preparation of bids	_____
Bidding and contract	_____
Construction	_____
Payment and submission	_____

## Approval Signatures

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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 Acknowledgment	Date

Email completed form to:      aaron.lichtenauer@dodd.ohio.gov  
   felicia. bond@dodd.ohio.gov