

**PRODUCTIVE LIVING BOARD
FOR ST. LOUIS COUNTY CITIZENS
WITH DEVELOPMENTAL DISABILITIES**

*APPLICATION FOR RESIDENTIAL
CAPITAL DOWN PAYMENT ASSISTANCE*

Section I. Agency/Project General Information

Project Title: _____

A. Agency Information

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

B. Agency Contacts

Executive Director: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Program Director: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Finance Representative: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Invoice Preparer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

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C. Other Key Implementers

Staff Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Function: _____

Experience: _____

Staff Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Function: _____

Experience: _____

TO BE COMPLETED BY THE OFFICE OF PRODUCTIVE LIVING SERVICES

Project Number _____

Component Number(s) _____

Date Received _____

Service Area Assigned To: RESIDENTIAL SERVICES

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Section II. Description of Project

Instructions:

The following four categories **MUST** be included in your application. Use the statements provided under each category as a guideline for completing your narrative.

1. Description of Housing

- a) Describe the residential housing where the down payment assistance is requested. Include the location of the housing (within St. Louis County) and type of housing (home, condo, etc.). Indicate how this housing is similar to residences for people without disabilities, with the exception of accommodations for consumer accessibility, when needed. In addition, indicate how the housing provides for personal space to assure privacy for the residents.
- b) Provide information regarding ownership and mortgage status, as well as the overall condition of the property. Indicate whether this is new construction or an existing residence. Include the projected move-in date for the proposed consumers served.
- c) Provide necessary assurances that the housing meets all applicable local ordinances and state (DMH) and federal standards that may govern housing for individuals with developmental disabilities.
- d) Provide an independent inspection report/ city inspection.

2. Description of Consumers

- a) Indicate the number of consumers that will benefit from this project.
- b) Indicate the funding source (DMH, PLB, etc.) that will provide the residential supports to the consumers. Provide written commitment to the PLB of these residential supports.
- c) Within the broad population of St. Louis County residents with developmental disabilities, describe the consumers who will benefit from this request. Provide assurances that the consumers served meet the PLB's policy and definition of St. Louis County residency.

3. Description of Project

Indicate how the consumers served in the residence described will directly benefit from this proposal, in accordance with PLB Policy regarding down payment assistance, as follows.

1. Consideration will be given to funding proposals for residential capital development that address at least one of the following:
 - a) Improvement in sub-standard housing that will significantly improve the health and safety of St. Louis County residents with developmental disabilities.
 - b) Need for more assessable housing due to age and/or health status of the consumer.
 - c) Other significant life circumstances as determined by the PLB.
2. Consumers served through the residential capital development proposed shall be St. Louis County residents with developmental disabilities with the following priority:
 - a) New clients of the Missouri Department of Mental Health (DMH) with secured funding from DMH.
 - b) Current clients of the Missouri Department of Mental Health (DMH) with funding from community residential living supports who reside in inadequate housing.

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Section II. Description of Project - Continued

- c) Consumers currently receiving PLB funded Independent Supported Living Assistance services and who reside in inadequate housing.

Also, describe how this project will address the Productive Living Board's definition of Residential Services:

- Services that (a) focus on the maintenance of a person with a developmental disability in his or her own residence or the residence of his or her natural family and his or her community and (b) promotes the acquisition of skills for independence, formation of social roles, relationships and self-reliance.

4. Total Amount Requested & Budget

Indicate the total amount requested for this project. Utilize the attached budget form for this request.

PRODUCTIVE LIVING BOARD
 Residential Capital
 Down Payment Assistance
Proposed Project Budget

Description

Dollars

(fill in every line even if the amount is "0")

Costs*

- | | | |
|------------------------------------|-----------|-----------|
| 1. Purchase Price * | \$ | |
| 2. Renovation Costs * | | |
| 3. Total Costs (#1 plus #2) | \$ | ** |

Funding:

- | | | |
|---|-----------|-----------|
| 4. Down Payment Assistance (PLB requested Amount) | \$ | |
| 5. Agency Funds | | |
| 6. Bank Loan At ____%____ Term | | |
| Other Funding (list below) | | |
| 7. _____ | | |
| 8. _____ | | |
| 9. _____ | | |
| 10. Total Funding (sum of #4 thru #9) | \$ | ** |

Annual Income:

- | | | |
|--|-----------|--|
| 11. Resident Rent* | \$ | |
| Other Income (list below)* | | |
| 12. _____ | | |
| 13. _____ | | |
| 14. _____ | | |
| 15. _____ | | |
| 16. Total Annual Income (sum of #11 thru #15) | \$ | |

Annual Expenses:

- | | | |
|--|-----------|--|
| 17. Administration* | \$ | |
| 18. Operating & Maintenance* | | |
| 19. Insurance* | | |
| 20. Miscellaneous* | | |
| 21. Debt Service* | | |
| Other Expenses* | | |
| 22. _____ | | |
| 23. _____ | | |
| 24. _____ | | |
| 25. Total Annual Expenses (Sum of #17 thru #24) | \$ | |
| 26. Net Cash (#16 less #25) | \$ | |

* Attach additional pages to provide details of how each line item was determined, including all methods and assumptions used.

** These amounts should be the same.

CORPORATE RESOLUTION

The _____ Board of Directors, having met on _____
(Name of Organization) (Date)

voted to apply for funds from the Productive Living Board for St. Louis County Citizens with Developmental Disabilities in an amount not to exceed _____ for the purpose of:

<u>PLB PROJECT /COMP #</u>	<u>PROJECT NAME</u>	<u>AMOUNT REQUESTED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The individual below is authorized to **sign and enter into service agreements** with the Productive Living Board for St. Louis County Citizens with Developmental Disabilities:

_____ (Name) _____ (Title)

Respectfully Submitted:

Signature: _____

Print Name: _____

Title: _____, Board of Directors

Date: _____

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Statement of Assurance

The undersigned hereby acknowledges that they have reviewed, understand and agree to abide by any and all policies, principles and procedures as contained in the PLB's Funding Manual.

The undersigned hereby certifies that information contained in this application for funds is true and accurate to the best of their knowledge and belief.

The undersigned is authorized to sign and submit this application.

PLEASE TYPE OR PRINT BELOW:

Name (Person Completing Application)

Title or Relationship to Agency

Agency

Date

PLB Project Name/Description

Signature of Applicant: