

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

*APPLICATION FOR RESIDENTIAL CAPITAL
RENOVATIONS AND REPAIRS*

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 writing the body of your application. Use the statements and questions provided under each category as a guideline for completing your narrative.

1. Description of Housing

- a) Describe the residential housing where the renovations/repairs are proposed to be conducted. Indicate the location of the housing (within St. Louis County) and type of housing (home, condo, etc.).
- b) Provide information regarding ownership and mortgage status, as well as the overall condition of the property.
- c) Include the projected dates for the proposed work to begin and when it is to be completed.

2. Description of Consumers

- a) Indicate the number of consumers that will benefit from this project and the name of the lead agency.
- b) Indicate the funding source (DMH, PLB, etc.) that will provide the residential supports to the consumers.
- c) Within the broad population of St. Louis County residents with developmental disabilities, describe the consumers who will benefit from this request.

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 housing renovations and repairs, as follows.

- 1. Consideration will be given to funding proposal for residential renovations/repairs 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 accessible housing due to age and/or health status of the consumer
 - c) Other significant life circumstances as determined by the PLB.
- 2. Requests for housing renovations/repairs will be considered with the following general priority and subject also to the priorities in paragraph 1:
 - a) Priority will be given to requests from applicants where the PLB has provided a loan/down payment assistance to purchase the property (housing)
 - b) Priority will also be given to housing where residential supports are provided through the PLB's Independent Supported Living Assistance (ISLA) Program
 - c) Consideration will also be given to requests from applicants where the PLB has had no financial investment in the property (housing) and/or the residential supports provided to the consumers served.

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Section II. Description of Project - Continued

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.

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Instructions: Complete the following budget to include each item requested and the projected cost per item. Utilize separate budget pages if this request represents multiple residential locations. Place the total amount requested (by residence) at the bottom of each page. Use additional pages as needed.

LOCATION OF RESIDENCE (INCLUDE ADDRESS AND ZIP CODE)	DESCRIPTION OF RENOVATION/REPAIR/EQUIPMENT REQUESTED	PROJECTED COST OF RENOVATION/REPAIR	PROJECTED COST OF EQUIPMENT
SUB-TOTAL AMOUNT REQUESTED:			
TOTAL AMOUNT REQUESTED:			

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: