

**FY 2014-2015**  
**Adult Care Facility Critical Repair Funding**  
**Pre- Application Instructions**

**Pre-Applications are Due to the Ohio Department of Mental Health and Addiction Services (MHAS) by 5:00 pm on October 30, 2013**

**Instructions for Submission of Pre-Application:**

- Submission of the pre-application is required in order to be considered for funding, but does not guarantee that funding will be received.
- If applying for funds for more than one facility, each facility must have a separate pre-application.
- All pre-applications must be submitted by hand delivery, US mail, or other courier to the address set forth below, or submitted electronically via e-mail to [Arthur.Wills@mha.ohio.gov](mailto:Arthur.Wills@mha.ohio.gov) , and received at MHAS by the deadline (by 5:00 pm on October 30, 2013).
- Incomplete or late submissions will not be considered. The risk of delay or failure of delivery rests with the applicant.
- MHAS will not accept incomplete pre-applications or attachments after the pre- application has been submitted.
- All pre-applications must be submitted utilizing the Pre-Application form, attached.
  - All pre-application sections on the form must be completed;
  - Total funding request, per facility, must be at least \$1,500 and no more than \$10,000;
  - Include copies of contractor estimates including cost and description of work to be done;
  - ALL attachments (e.g. photos, lab tests) MUST be clearly labeled to link to a specific funding request.
- Provide a detailed description of the work needed for each repair. Scope of Work should include:
  - A specific description of what needs to be repaired, replaced, or corrected,
  - Square footage of area of repairs,
  - Type of material, product or model number needed for installation, with warranty requirements (as applicable),
  - A description of how cost estimates for the repair were obtained.
  - Any photos and/or lab/test results for each area for which repair funds are requested must be labeled and included with the pre-application.
- **Where to Send Application:**  
**Attention: Arthur Wills**  
**Ohio Department of Mental Health and Addiction Services**  
**Bureau of Capital & Support**  
**30 E. Broad St., #1160 (11<sup>th</sup> Floor)**  
**Columbus, OH 43215-3430**  
**E-mail: [arthur.wills@mha.ohio.gov](mailto:arthur.wills@mha.ohio.gov)**  
**FAX: [614-644-5621](tel:614-644-5621)**

## Adult Care Facility Critical Repair Grant Pre-Application

<b>Facility Information</b>	
Name of Facility <b>(as on license)</b>	
Street Address of Facility	
City, State, Zip Code of facility	
Applicant/Owner of Facility	
Operator of Facility (if different than owner)	
Number of Years this facility is in service as Licensed ACF	
Number of Beds in Facility	
Number of Beds Currently Occupied	
Number of residents with income below \$14,000 per year	
<b>Contact Information (Person to whom all grant communications should be directed)</b>	
Contact Person Name	
Street Address	
City, State, Zip Code	
County	
Home Phone	
Work Phone	
Cellular Phone	
Email Address	

**Eligible Categories of Repairs (refer to pages 2-3 in Funding Announcement for more detail)**

Category of Repair	Description and Examples – see Section III of Funding Announcement for more detail
Structural Defects	Unsound/hazardous conditions of walls/ceilings/floors; inoperable or hazardous doors and windows; loose/broken steps; termite damage; hazardous ingress/egress; buckling/sagging roof or decayed eaves/soffits; foundation structural defects
Electrical Hazards	Defective wiring; fixtures with inadequate support; cracked outlets; defective electric panel boxes; overloaded circuits
Heating and Plumbing Defects	Inoperative or defective heating system; improper installation of equipment; defective water supply or piping; unclean water; absence of required safety features or lack of necessary shielding of hot water heater
Installation or Repair of Safety features	e.g. Grab bars; hand rails; fire escapes, safety lighting, fencing for security of residents
Remediation of friable asbestos, radon, lead paint, or mold	The need for remediation must be supported by lab or test results identifying the condition and the scope of remediation.

- Eligible Applicants may apply for funding to address up to five repair projects within one or more of these categories.
- Describe in detail EACH eligible repair for which funds are requested
- Applicants must prioritize the repairs for which funding is requested based upon the level of severity of the repair need as it impacts facility safety. (Ranking 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>)
- Once pre-applications are received and reviewed, MHAS may prioritize specific categories of repairs to be considered for funding based upon the factors set forth in the Funding Announcement. Prioritize the listed repairs with regard to the level of severity as it impacts facility safety, and sustainability.
- Funding will not be awarded for repairs unless the facility, with repairs, is expected to remain safe and habitable for use as a licensed ACF for at least five years.
- If estimate is OVER \$10,000, owner will be responsible for difference.
- At least one contractor estimate is due at time of pre-application.
- Contractor estimate should include:
  - A description of the problem
  - What will be done to fix the problem
  - Materials that will be needed
  - Total cost of repair

<b>Narrative for Funding Request:</b>				
<b>Amount of Funding Request (minimum of \$1,500 and maximum amount of \$10,000 per facility)</b>				
<b>List each repair project for which funding is requested</b>	<b>Category of Repair (use table above)</b>	<b>Rank of Priority (e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)</b>	<b><u>A detailed description of the problem &amp; solution to the problem</u></b>	<b>Estimate Cost of Repair (based upon contractor's estimate)</b>
		<b>1st</b>		
		<b>2nd</b>		
		<b>3rd</b>		
		<b>4th</b>		
		<b>5th</b>		

**Total Amount Requested: \$ \_\_\_\_\_ (minimum=\$1,500; maximum=\$10,000)**

**Copies of contractor estimates for repair and pictures and/or lab/test results of area needing repair must be labeled and submitted with this pre-application.**

**Summary of Repair History and Needs:**

**Please provide a summary of all of the repair needs at this facility, and provide a review of significant repairs that have been completed in the past five years. If you received funds from the Adult Care Facility Critical Repair Grant in 2011-2012 please list the items that were funded.**

**Agreement and Signature**

By submitting this application, I affirm the following:

- I am the owner of the facility for which repair funds are requested.
- The facility has a current and valid license with the Ohio Department of Mental Health and Addiction Services pursuant to ORC § 5119.22 [renumbered as § 5119.34, effective 9/28/13]– no order to deny, revoke, or refuse to renew the facility’s license has been issued, no order suspending admission of new residents has been issued pursuant to ORC § 5119.22(F)(2) [5119.34(E)(2)], and there is no pending civil penalty pursuant to ORC § 5119.22(O) [5119.34(N)].
- The facility has been operated as a licensed ACF for at least the past three years, as of June 30, 2013.
- To the best of my knowledge, the funds requested are for eligible repairs and are based upon reasonable cost estimates.
- If approved to receive funds, I will follow all guidelines as described in the Funding Announcement and other MHAS communications, including bidding requirements, permit requirements, etc.
- I agree to cooperate and comply with inspection requirements.
- If approved to receive funds, I agree to enter into a funding agreement with MHAS and to execute and record a deed restriction on the property to ensure use of the facility as a licensed ACF for at least five years after completion of the funded repairs. I acknowledge that I am responsible for the costs of recording the deed restriction.
- If the full cost estimate for repair project(s) is more than the amount requested in grant funds, I will ensure that there is funding available for the difference in order to complete the repair project(s).
- I understand that MHAS reserves the right to reject, in whole or in part, any and all pre-applications where the department, taking into consideration factors including, but not limited to, cost and the results of the inspection and bid process, has determined that the award would not be compatible with the intent of the program.
- Applicant must agree to submit required documentation within applicable timelines, complete funded projects by June 30, 2014, and submit all required close out documentation no later than July 15, 2014.

<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	