



**STATE OF CONNETICUT
DEPARTMENT OF
MENTAL HEALTH AND ADDICTION SERVICES**

**BOND FUND APPLICATION
FOR
CAPITAL IMPROVEMENTS
AND
DOWNPAYMENT ASSISTANCE**

**410 Capitol Ave., 4th Floor
P.O. Box 341431 MS # 14 CCU
Hartford, CT 06134**

REVISED 1/2016

BOND FUND APPLICATION SUBMISSION

SUBMISSION INSTRUCTIONS:

An original application and 1 email version must be submitted. Applications must be typed.

Please send completed Applications to:

Central Contracts Unit
Department of Mental Health and Addiction Services
Tercolia Troxler
410 Capitol Avenue
4th Floor MS #14 CCU
P.O. Box 341431
Hartford, CT 06134-1431

NOTE: MENTAL HEALTH AGENCIES AFFILIATED WITH A STATE OPERATED LOCAL MENTAL HEALTH AUTHORITY (LMHA) MUST ALSO SUBMIT A COPY OF THE APPLICATION DIRECTLY TO THEIR APPROPRIATE LMHA.

If you have questions, please contact **Tercolia Troxler at (860) 418-6620 or via email Tercolia.troxler@ct.gov**

**BOND FUND APPLICATION
FOR
CAPITAL IMPROVEMENTS AND
DOWN PAYMENT ASSISTANCE**

DATE: _____

IF YOU ARE APPLYING FOR FUNDING FOR MORE THAN ONE ADDRESS, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH SITE. FOR MUNICIPALITIES, NOT ALL QUESTIONS BELOW APPLY - COMPLETE AS APPLICABLE.

A. MUNICIPALITY/ORGANIZATION INFORMATION:

LEGAL NAME of applicant requesting funds as registered with the Secretary of the State:

FEDERAL ID #: _____

ADDRESS of facility or facilities to be renovated:

APPLICANT ADDRESS: (street, town, zip)

CONTACT PERSON: (Name, Title, Telephone #, Fax #, Email address)

B. BRIEF DESCRIPTION OF ORGANIZATION AND SERVICE TYPE:

_____.

OWNERSHIP: (check one)

SQUARE FOOTAGE: _____sq. ft.

() Leased (complete form for Leased Facilities – located on page 7)

() Owned (complete form for Owned Facilities – located on page 8)

APPLICANT STRUCTURE (Non-Profit 501 (c)(3), Municipality, etc.): _____

If Non-Profit 501 (c)(3), please provide a valid and current letter from the U.S. Internal Revenue Service verifying your IRS 501 (c)(3) status.

DATE ESTABLISHED: _____

HEADQUARTERED IN CONNECTICUT: Yes () No ()

If no, where is your organization's headquarters located?

How many clients served at this location per year, if applicable?

C. GENERAL:

Is local zoning approval needed? **Yes () No ()**

If yes, have you obtained zoning approval? **Yes () No ()**

Are you presently occupying the space that you are requesting funding for? **Yes () No ()**

Is your organization in good standing with the State of Connecticut and all regulatory authorities?

Yes () No () *If no, please explain:* _____

Has the State ever terminated or suspended a contract with the organization for breach or over concerns about the health or welfare of clients?

Yes () No () *If yes, please explain:* _____

Is your organization the subject of any investigation by any State or federal agency?

Yes () No () *If yes, please explain:* _____

Has any agency of the State of Connecticut or federal government taken any action against your organization or principals of the organization?

Yes () No () *If yes, please explain:)* _____

Is the organization currently involved in or does it anticipate any litigation or other legal claims that could impact the delivery of service or your organization's ability to carry out any project associated with this application? **Yes () No ()** *If yes, please explain:* _____

D. FINANCIAL INFORMATION:

Has the organization ever declared bankruptcy?

Yes () No () *If yes, please explain:* _____

Are any local, State, or federal taxes currently past due (unpaid) by the organization?

Yes () No () *If yes, please explain:* _____

Total annual amount of funding received through DMHAS Human Service Contract?: _____

Total annual amount of DMHAS Human Service Contract funding used for this project?: _____

Has your organization received funding from other state agencies for this project?

Yes () No ()

If yes, please identify.

STATE AGENCY NAME

ANNUAL AMOUNT RECEIVED FOR THIS SITE

If yes to above, which state agency client population will benefit from this project?

If you have not requested funding from these other state agencies for these projects, please do so and include their response.

STATE AGENCY NAME

RESPONSE

Include any other funding available for this project, for example: grantee holding and/or subsidiary companies, where applicable.

PROPOSED PROJECT(S)

List proposed project(s) in order of priority, check appropriate category and complete fiscal columns (total amount of project, your contribution and amount requested from DMHAS).

PROJECT NAME	CODE <u>COMP.</u>	CODE <u>REC.</u>	UP- <u>GRADE</u>	<u>Total</u> <u>Project Cost</u>	<u>Agency</u> <u>Contribution</u>	<u>DMHAS Funding</u> <u>Requested</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

TOTALS _____

QUESTIONS FOR FACILITY IMPROVMENTS, NEW CONSTRUCTION AND PROPERTY ACQUISITION PROJECTS ONLY:

1. What is the current and/or anticipated use of this facility? _____

2. Are there any other outstanding financial obligations related to this facility?

Yes () No () If yes, explain:

3. Has the applicant received past funding for improving this facility from any State or Federal Agency in the past 10 years? **Yes () No () If yes, provide the name of the State or Federal Agency, purpose and amount of the funding, and funding date:**

4. Is this site under foreclosure proceedings? **Yes () No () If yes, explain:**

5. If applicant-owned: Are the real estate taxes on this site paid up-to date? **Yes () No () N/A ()**

If no, explain and list amount of unpaid taxes:

6. Is or will any space in the facility be used in the future by any other individual or entity? **Yes () No ()**

If yes explain: _____

(Include the name of each individual or entity, the approximate square footage to be used by each individual or entity, and whether the entity is exempt from federal income tax under Section 501(C)(3) of the Internal Revenue Code.) Will the applicant own the building but lease the land? **Yes () No ()**

7. Are any individuals or companies that provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? **Yes () No ()**

If yes, list all related parties(as defined by OPM's Cost Standards) under common control and the purpose of each: _____

8. Are local or state approvals required for the intended future use of the property? **Yes () No ()**

If yes, have approvals been obtained? Yes () No () If no, please explain:

9. For Property or Facility Acquisition: How did you or will you advertise the need and specifications for the facility? _____

10. For Property or Facility Acquisition: Do you have a formal agreement to purchase? **Yes () No ()**

For any formal or informal agreement to purchase, please provide a written status and description of anticipated purchase, including name and address of seller, a description of the property and its condition, any contingencies associated with the purchase, monies or deposits given and terms of any tentative agreement.

11. For Property or Facility Acquisition: Is the building being purchased constructed pre-1978?

Yes () No () If so, is there any known presence of lead paint? **Yes () No ()** If so, will it be disturbed as part of the renovations? **Yes () No ()** Is the building considered residential housing? **Yes () No ()** If so, will children under age six be living at the residence? **Yes () No ()**

OWNER'S APPROVAL FOR APPLICANT *LEASED* FACILITIES

The undersigned affirms that (s)he is duly authorized to act on behalf of the subject applicant and understands that no work started prior to the **State Bond Commission date of approval** will be considered for funding, and that the State will assume no responsibility for work performed by an applicant before the execution of an authorized contract.

AUTHORIZED NAME (type or print) **TITLE**

AUTHORIZED SIGNATURE **DATE OF SIGNATURE**

APPLICANT LEASED FACILITIES (attach copy of current lease)

How long has the applicant occupied this property? _____

When does current lease terminate? _____

Is the owner willing to extend lease? **Yes () No ()** - how long? _____

The signer affirms that (s)he owns the property described, approves the work required and attests to the above statements.

OWNER OF PROPERTY (type or print)

SIGNATURE OF OWNER **DATE OF SIGNATURE**

Will any space in the facility be used by another agency or organization?
Yes () No () If yes, please answer the following:

Name of agency (ies) _____

Is the agency exempt from federal income tax under section 501(c)(3) of the Internal Revenue code?
Yes () No ()

Area to be used by other agency (ies) _____ sq. ft.

OWNER'S APPROVAL FOR APPLICANT OWNED FACILITIES

The undersigned affirms that (s)he is duly authorized to act on behalf of the subject applicant and understands that no work started prior to the **State Bond Commission date of approval** will be considered for funding, and that the State will assume no responsibility for work performed by an applicant before the execution of an authorized contract.

AUTHORIZED NAME (type or print) **TITLE**

AUTHORIZED SIGNATURE **DATE OF SIGNATURE**

APPLICANT OWNED FACILITIES

Does the applicant own the buildings, but lease the land? () **yes** () **no** (if yes, explain)

The signer affirms that the applicant owns the property described, approves the work required and attests to the above statements.

AUTHORIZED NAME (type or print) **TITLE**

AUTHORIZED SIGNATURE **DATE OF SIGNATURE**

Will any space in the facility be used by another agency or organization?
Yes () No () If yes, please answer the following:

Name of agency (ies) _____

Is the agency exempt from federal income tax under section 501(c)(3) of the Internal Revenue code?
Yes () No ()

Area to be used by other agency (ies) _____ sq. ft.

OWNER'S STATEMENT

I (we) hereby certify that I (we) am (are) the owner(s) of record of the property located at:

I (we) hereby agree that if the premises for which such grant-in-aid was made ceases, within ten years of the date of such grant, to be used as a facility for which such grant was made, an amount equal to the amount of such grant, minus ten percent per year for each full year which has elapsed since the date of such grant, shall be repaid to the state and that a lien shall be placed on such land in favor of the state to ensure that such amount will be repaid in the event of such change in use, provided if the premises for which such grant-in-aid was made are owned by the state, a municipality or a housing authority, no lien need be placed.

Authorized Name(s): _____

(type or print)

Authorized Signature(s): _____

Date: _____

Type of Entity: _____

(i.e. corporation, LLC, partnership, private individual)

Tax Status of Owner: (check one)

- 501(c)(3) organization: (Submit documentation which attests to 501(c)(3) tax status)
- not for profit _____
- church organization _____
- State/Local Government _____
- Private individual _____
- Other (explain below) _____

LIEN ANALYSIS

The attached Lien Analysis form must be completed and returned with the application. (Not applicable to Municipalities.)

1. **REPLACEMENT VALUE** - please estimate the cost of building a new facility of similar construction type in your area in the current construction environment. Please base this estimate on the current estimated construction cost per square foot (not including the cost of the land) x the total square footage of the site to be renovated or purchased in your bond fund submission. You may find your local architect helpful in developing this estimate since he or she is familiar with published cost standards and market costs. Please cite source of standard.
2. **PURCHASE PRICE/LEASE COST** - If owned by grantee or holding company of grantee -- please give the amount of purchase price and the year in which purchased. If a leased property -- please give the cost of the lease per month and yearly amount, also please cite current real-estate market estimates of rent for a building of similar type and size (i.e., commercial, residential, etc.). In the case of a leased property, please describe any accommodations the landlord has made or will make if the funded renovation occurs.
3. **CURRENT LIENS** - Please list all current (existing or proposed) liens on the property (whether leased or owned) you propose to renovate or purchase in your bond fund submission. This listing is all inclusive - DMHAS and other state agency liens, city liens (CDBG), mechanics liens, etc. Please cite the date the lien(s) were placed on the property, the total amount of the lien, anticipated termination date of the lien and the current value. **IF THE CURRENT VALUE OF THE LIENS PLUS THE MORTGAGE BALANCE PLUS THE BOND FUND APPLICATION AMOUNT EXCEED THE CURRENT MARKET- VALUE, APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.**
4. **CURRENT MORTGAGE BALANCE** - For owned or leased sites -- please indicate amount of balance and as of what date.
5. **CURRENT MARKET VALUE** - Estimate for both owned and leased properties -- The intent here is to approximate current market selling price. If there is a recent (within one year) appraisal and/or assessment, you may use those amounts as the estimate. Your local realtor will be helpful in this. Please be clear we are NOT asking you to pay for a current appraisal but rather make a good faith effort at estimating current market price.

LIEN ANALYSIS FORM
(Not applicable to Municipalities)

DATE: _____

APPLICANT NAME: _____

SITE ADDRESS: _____

1. REPLACEMENT VALUE \$ _____

CONSTRUCTION COST PER SQ. FT. \$ _____

TOTAL SQ. FOOTAGE _____

CITE SOURCE OF STANDARD _____

2. PURCHASE PRICE/LEASE COST:

IF OWNED BY APPLICANT OR HOLDING COMPANY OF APPLICANT: PURCHASE PRICE \$ _____
YR. PURCHASED: _____

IF LEASED PROPERTY: LEASE PER MONTH \$ _____ LEASE PER YEAR \$ _____

CURRENT ANNUAL REAL-ESTATE MARKET ESTIMATES FOR RENT: \$ _____

LEASED PROPERTY: DESCRIBE ACCOMMODATION(S) LANDLORD HAS MADE OR WILL MAKE:

3. ADDITIONAL BOND FUNDS:

WILL YOU BE REQUESTING BOND FUNDS TO RENOVATE THIS PROPERTY NOW OR IN THE FUTURE?
NO ___ YES ___ IF YES, PROVIDE THE ESTIMATED COST \$ _____

4. CURRENT LIEN VALUE:

LIST ALL CURRENT (EXISTING OR PROPOSED) LIENS, DATE LIEN(S) WERE PLACED, AMOUNT OF TOTAL LIEN, ANTICIPATED TERMINATION DATE AND CURRENT VALUE:

NAME OF LIEN HOLDER:

DATE PLACED:

TOTAL AMOUNT:

ANTICIPATED TERMINATION DATE:

CURRENT VALUE:

NAME OF LIEN HOLDER:

DATE PLACED:

TOTAL AMOUNT:

ANTICIPATED TERMINATION DATE:

CURRENT VALUE:

5. CURRENT MORTGAGE BALANCE: FOR OWNED OR LEASED

PLEASE INDICATE BALANCE AS OF APPLICATION DATE:

BALANCE \$ _____ DATE: _____

5. CURRENT MARKET VALUE: \$ _____

INCLUDE WRITTEN APPRAISAL/ASSESSMENT OR LETTER FROM REALTOR

IF THERE IS MORE THAN A \$5,000 DIFFERENCE BETWEEN THE PURCHASE PRICE AND CURRENT MARKET VALUE, PLEASE EXPLAIN (I.E. PAST RENOVATIONS INCREASED VALUE, PROPERTY PURCHASED 20 YEARS AGO, ETC.)

SIGNATURE

TITLE

Land/Building Acquisition Form

Applicants must complete this form only if land or buildings are being acquired with State grant funds. The information provided on this form will enable us to review vacant property in the project area.

Please submit the completed form to **Tercolia Troxler via fax at (860) 418-6698 or email Tercolia.troxler@ct.gov**

Is the Applicant presently leasing space to be purchased? **YES ()** **No ()**

If yes, please provide an explanation indicating the location is convenient, whether or not there are any existing liens on the site and if space has already been renovated for the Applicant, etc.

Please list the towns or areas in which the Applicant is requesting a review of vacant state property.

Please describe the type and size of property being requested.

SIGNATURE

DATE

TO BE COMPLETED BY DMHAS:

Is a vacant State site being considered? **YES ()** **No ()**

If no, please explain:

REQUEST FOR THREE BIDS

APPLICANT NAME: _____

LIST EACH PROJECT AND COST SEPARATELY	<u>COSTS</u>		
<u>PROJECT NAME</u>	<u>NAME OF BIDDER #1</u>	<u>NAME OF BIDDER #2</u>	<u>NAME OF BIDDER #3</u>
	_____	_____	_____
	_____	_____	_____
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____
TOTAL COST	\$ _____	\$ _____	\$ _____

IF LOWEST BID NOT CHOSEN, PLEASE EXPLAIN WHY:

BUDGET AND NARRATIVE: *(Please describe use of project funds here, i.e. associated improvements in service effectiveness, capacity, safety, accessibility or other achievements as a result of the project.)*

Please note: An electronic version of the budget below will be provided separate from this application. Please complete and sign the budget before submitting it for review and approval.

	<u>State Grant</u>	<u>Applicant Funds</u>	<u>Other State Funds</u>	<u>Other Funds</u>	<u>Totals</u>
<u>Capital Costs:</u>					
New Construction					
Renovations/Improvements					
Leasehold Improvements					
Property Acquisition					
Appraisals					
Computer Equipment					
Office Equipment					
Machinery/Equipment					
Engineering/Architectural					
Environmental/Feasibility					
Administrative Costs					
Contingency					
Other:					
Sub-total					
<u>Working/Other Costs:</u>					
Personnel					
Training					
Rent					
Relocation					
Refinancing of Debt					
Research					
Legal/Accounting					
Consulting Services					
Planning/Marketing					
Other:					
Sub-total					
Total Project Costs					

CERTIFICATION OF APPLICATION

My signature below, for and on behalf of _____, certifies and indicates acceptance of the following:
(Name of Organization)

1. I have the authority to submit this grant application, budget and enclosed materials on behalf of the Board of Directors. Please note for any awards selected, a Certified Resolution will be required from the Board of Directors.
2. I understand that, if this grant application is approved, a Certified Resolution will be required from the Board of Directors;
3. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the State of Connecticut or the State administering agency;
4. I understand that if actual project costs are less than the grant award funding received, or if project costs are disallowed as ineligible by the State, such unexpended funds or funds for disallowed costs will have to be returned to the State; and
5. I hereby certify that the statements contained in the responses to this application and accompanying forms and documents are true to the best of my knowledge and belief and that I know of no reason why the applicant cannot complete the proposed project in accordance with the representations contained herein.

THE STATE OF CONNECTICUT ASSUMES NO LIABILITY FOR PAYMENT UNDER THE TERMS OF THIS CONTRACT UNTIL SAID APPLICANT IS NOTIFIED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES THAT SAID CONTRACT HAS BEEN APPROVED BY THE DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES AND THE OFFICE OF THE ATTORNEY GENERAL. NO REIMBURSEMENT WILL BE MADE FOR PROJECTS STARTED PRIOR TO THIS NOTIFICATION.

I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

Signature of Authorized Official	Name/Title of Authorized Official	Date
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APPLICATION CHECKLIST

Please return this checklist along with required items as part of a complete application package to move forward with the application process.

1. Complete grant-in-aid Bond Fund Application with Project Narrative _____

 For acquisitions: submit 2 recent appraisals for properties \$100,000
 or more, 1 recent appraisal for properties less than \$100,000 _____

 Three (3) bids should accompany the Request for Bids _____

 Lien Analysis Form and Owner's Statement including approval form for leased/owned facilities _____

 Certification of Application _____
2. Project Budget (completed, signed and dated) _____
3. Form W9 and Agency Vendor Form _____
4. 501(c)(3) documentation for Owner, if applicable _____
5. 501(c)(3) documentation for Applicant, if applicable _____
6. Copy of current lease - if the facility is not owned _____
7. If applicable, zoning approvals (including wetlands, zoning, planning etc.) _____
8. Written specifications - for each project; including drawings/photographs _____
9. Code compliance / recommendation documentation - as cited by
 fire, health or other state or municipal inspectors _____
10. Engineering/Inspection Report including Asbestos Report/Lead Paint Report,
 if applicable _____
11. Worker's Compensation and Public Liability Certificates of
 Insurance for Contractors _____
12. Local Street Map of Project Site/Photographs/Drawings/Schematics _____
13. List of Board of Directors and copies of the three most recent Board Minutes _____
14. Operating Budget and Audited Financials Statements including: _____
 - Statement of Financial Position
 - Statement of Activities;
 - Statement of Cash Flow;
 - State Single Audit Report;
 - Federal Single Audit Report;
 - Audited financial statements for Holding and/or Subsidiary Companies (if applicable)
 - Most recent audit findings, if any
15. Department of Revenue Services - Letter of Good Standing _____