



**State of Connecticut  
Department of Developmental Services**



Ned Lamont  
Governor

Jordan A. Scheff  
Commissioner

**Department of Developmental Services  
Community Living Arrangement Development Agreement**

DATE

The purchase of \_\_\_\_\_ for the purpose of developing a community residence for \_\_\_\_\_ persons is hereby approved. The purchase price will not exceed \$ \_\_\_\_\_ and is subject to appraisal. This development proposal is not approved until signed by the appropriate signatories. It is understood that creating a licensable community residence at this property that will accommodate the needs of the residents will require the following scope of work:

IMPROVEMENT OR CHANGE

ESTIMATED COST

Fire and Structure Safety

Total	

Space Enlargement and Client Accommodation

Total	

Environmental Systems Improvements

Total	

Other

Total	

Total estimated cost of conversion to licensable residence

It is understood that the scope of work described above will be completed using standard construction bidding procedures.

Other related development expenses (i.e., carrying charges, insurance, closing costs, etc.). Please list:

Total	

Total

Estimated total cost of residential development (includes the cost of purchase, renovation and all other costs listed above.)

Minus estimated total cost of fire safety and DDS Licensing requirements:

Adjusted estimated total cost:

More accurate cost information to be included in the agency's DSS rate request will be available after the completion of construction drawings, selection of a contractor and issuance of a building permit.

Changing of the residents and additional information on their housing needs and evacuation capabilities may result in changes to the scope of work. Failure to execute this agreement by \_\_\_\_\_ may result in the loss of said property for development. The undersigned acknowledge that this document does not constitute a contract for development of a property and further acknowledge that any payments by the State of Connecticut related to this property may only be made pursuant to Sections 17-313b and 19a-483 of the General Statutes and the Regulations promulgated thereunder.

**PROPOSED BY:**

**Private Residential Provider**

\_\_\_\_\_  
(Signature) (Name) (I) (Date)

Print/Type Name

Print/Type Company Name (K)

Tel No:

**REVIEWED BY:**

\_\_\_\_\_  
(Signature) (Name) (L) (Date)  
**Regional Director for Region  
Department of Developmental Services  
(Or Authorized Designee)**

Print/Type Name

Tel No:

**PROPOSED BY:**

**Development Staff / Property Developer  
(If Applicable)**

\_\_\_\_\_  
(Signature) (Name) (J) (Date)

Print/Type Name

Tel No:

**AFTER CONSULTATION WITH:**

\_\_\_\_\_  
(Signature) (Name) (M) (Date)  
**Commissioner  
Department of Social Services  
(Or Authorized Designee)**

**APPROVED BY:**

\_\_\_\_\_  
(Signature) (Name) (N) (Date)  
**Commissioner  
Department of Developmental Services  
(Or Authorized Designee)**