

Ohio Mental Health & Addiction Services (OhioMHAS)
Community Capital
PROJECT WORK SHEET for (check one): ☐ FY27-28

(Each project uses a separate worksheet)

1. **Board Name:**
2. **Board Contact Person:**
E-Mail:
Phone:

3. **ADAMH Board has designated this project as priority # _____ of _____ projects. (For the indicated biennium)**

4. **Type of project (check all that apply):**

- | | | |
|--|--------------|---------------------------|
| <input type="checkbox"/> Permanent Supportive Housing with Supportive Services Available | # of unit(s) | # persons/unit(s) |
| <input type="checkbox"/> Permanent Supportive Housing with Supportive Services on site | # of unit(s) | # persons/unit(s) |
| <input type="checkbox"/> Recovery Housing Level _____ | # of beds | # persons/bedroom |
| <input type="checkbox"/> Community Residence (not a standard lease) | # of unit(s) | # persons/unit(s) |
| <input type="checkbox"/> Consumer Operated Recovery Center | # served | per year |
| <input type="checkbox"/> Residential Facility | # of beds | # persons served/per year |
| <input type="checkbox"/> Program Space: | # served | per year |
| <input type="checkbox"/> Program Space: | # served | per year |

Demographic to be served:

- ☐ Children
- ☐ Adults
- ☐ Families
- ☐ Transition Aged Youth

5. **Proposed Owner of Property and Project (the Applicant):**

6. **Proposed Service Provider(s):**

7. **Project Description:**

- ☐ New Construction
- ☐ Purchase/Renovation
- ☐ Addition to Existing
- ☐ Renovation only
- ☐ Purchase only

Estimated Project Cost:

Purchase Cost	\$
Construction	\$
Miscellaneous	\$
Equip./Furnish	\$
Architect	\$
Fees	\$
Total Cost	\$

8. Funding for Capital Project:

- a. OhioMHAS Assistance Requested (up to 50% of total cost up to a maximum of \$1,000,000) \$
b. Amount of Non-OhioMHAS Funds (minimum of 50% of total cost): \$

c. Source of Non-OMHAS Funds: select all that apply

- ☐ Applicant Contribution - Amount
☐ Ohio Housing Finance Agency - Amount
(describe):
☐ Federal Home Loan Bank - Amount
☐ Community Foundation - Amount
☐ HOME Funds - Amount
☐ ADAMH Board Funds - Amount
☐ Other (describe) - Amount
☐ Other (describe) - Amount

d. Source(s) of Operating Costs: select all that apply

- ☐ CoC or HUD Funds
☐ SHP or HCRP Funds
☐ ADAMH Board Funds
☐ Other (describe):
☐ Other (describe):
☐ Other (describe):
☐ Other (describe):

e. Annual Total Operating Costs: \$

9. Has Non-OhioMHAS funding already been awarded? ☐ Yes ☐ No

If yes, describe funding source and when project was awarded:

If no, describe when funding will be applied, include award notification dates, etc.:

10. How did consumers, family members and providers participate in the planning of this project?

11. Describe how this project will fill a gap in the local continuum of care:

12. Can the project be completed by March 2026? ☐ Yes ☐ No

Please provide a project development timeline.

13. Provide description (no more than one page single spaced, at least font size 10) of the proposed Capital Project. In addition to the type of project, the description should indicate the targeted population/sub-population (e.g., persons with severe mental illness who are homeless, homeless veterans, criminal justice, transition-aged youth, persons recovering from addiction), service/services to be provided, and should address the roles of key players to the project.

14. How does this project align with the continuum of care priorities outlined in the board's Community Assessment and Plan (CAP)?