OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

LETTER OF INTENT (LOI) DATA FORM

RESIDENTIAL RENOVATION (RRP) AND ACCESSIBILITY (RHAP) PROJECTS
FY 2009-2010

NOTE: Please complete a separate form for each requested project.

☐ **Residential Renovation Project (RRP)**

☐ **Residential Handicap Accessibility Project (RHAP)**

1. Applicant Information:

_____
Name Date Form Completed

_____
Mailing Address (city, state, zip)

_____
Name of Contact Person & Title Telephone Number E-mail Address

Does applicant own home:

☐ Yes

☐ No, owner's name: _____

Is owner a nonprofit or governmental entity:

☐ Yes

☐ No, not eligible for the RRP or RHAP program.

2. House Information:

_____
Address of Home to be Renovated City County

Estimated appraised value of home: _____

Number of individuals with developmental disabilities residing in this home: _____

If licensed, number of licensed beds: _____

Were any Community Capital Assistance funds (CCA) or State Capital Construction Funds (MR projects) previously used to purchase, renovate or make this home accessible:

☐ Yes, what was the MR number if State Construction Funds: _____

☐ No, ineligible for an RRP, but may be eligible for an RHAP.

3. Project Details: (Please provide a detailed description of work to be performed for this project.)

_____

_____

_____

_____

_____

_____

_____

4. Estimated Project Costs:

Construction costs:	$
Design costs:	$
Permits:	$
Miscellaneous costs:	$
Construction contingency:	$
Other (itemize):	$
	$
	$
	$
Total Estimated Cost:	**$**

Submit form to:

Ohio Department of Developmental Disabilities
Community Capital Assistance
30 East Broad Street, 12th Floor
Columbus, Ohio 43215-3434

Phone: (614) 466-1794
Fax: (614) 728-7072