

**Capital Improvement Project
Grants and Loans**

**Behavioral Health, Addictions Recovery, Developmental Disabilities
and
Federally Qualified Health Centers Facilities**

**Fiscal Year 2026 Application**

Office of Facilities Management and Development

January 2024

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**ATTACHMENTS**

**NOTE: Attachments A-E are required for all applicants. For additional requirements, please see Page 2 “General Instructions”.**

**Attachment A:**

* Project Summary Sheet – Part 2
* Cost Estimate Worksheet
* Capital Financial Summary
* Operating Cost Projections

**Attachment B:**

* Table 1: Existing and Proposed Productivity (FQHCs)
* Table 2: Outcome Measures Currently Achieved and Outcomes to be Achieved after Completion of the Project
* Table 3: Behavioral Health Administration – Existing and Proposed Capacity by Type
* Table 4: Equipment and Furnishing Request

**Attachment C:** Listing of All Principals

**Attachment D:** Civil Rights Compliance

**Attachment E:** Applicant Certification

**Attachment F:** Additional Information for **Behavioral Health** Grant Applicants Providing: Substance-Related Disorder Services, and/or Mental Health Services

**Attachment G:** Additional Information for Grant Applicants Providing Services to Individuals with **Developmental Disabilities**

**Attachment H:** Additional Information for **Federally Qualified Health Centers** Capital Funding Applicants

**STATE OF MARYLAND**

**MARYLAND DEPARTMENT OF HEALTH**

**OFFICE OF FACILITIES MANAGEMENT AND DEVELOPMENT**

**FY 2026 Application for MDH Sponsored Capital Improvement Project Grants and Loans**

# General Instructions

**Application Outline**

The application should be developed using the [“CheckList”](#_heading=h.30j0zll) provided. The Checklist provides page number references for the relevant form and/or instruction. Each page of the application should be paginated. Paginate narratives and any attachments separately. Multi-page exhibits/references should not be intermingled with narratives, but rather included as separate attachments in an appendix.

**“Project Summary Form”**

The [“Project Summary Form”](#_heading=h.1fob9te) provided should be completed last after all other sections and **must include a clear overview** of the proposed project.

The completed Project Summary Form is to be used as a cover sheet for the application.

**Application Submission**

**DUE DATE: APRIL 25, 2024**

The following must be received by **April 25, 2024 at 12:00 p.m., local time**:

1. The completed application, attachments and all exhibits shall be sent via electronic mail to: mdh.capitalbondgrant@maryland.gov with a copy to Ahmed Awad, Office of Facilities Management and Development at ahmed.awad@maryland.gov. **The completed application, attachments and exhibits shall be contained in one file in PDF format and shall contain a Table of Contents.**
2. The completed application, attachments and all exhibits shall also be sent via electronic mail to the appropriate administration’s contact person, identified below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Administration** | **Contact Name** | **Contact No.** | **Email Address** |
| Office of Facilities Management and Development (OFMD) | Ahmed Awad | (667) 203-9229 | ahmed.awad@maryland.gov |
| Behavioral Health Administration (BHA) | Elizabeth Williams | 443-835-5013 | elizabeth.williams@maryland.gov |
| Developmental Disabilities Administration (DDA) | Stephanie Jones | (443) 523-0091 | stephanie.jones2@maryland.gov |
| Primary Care Office (PCO) | Elizabeth Vaidya | (410) 767-5695 | elizabeth.vaidya@maryland.gov |

**Additional Requirements:**

**REQUIREMENT FOR ALL COMMUNITY HEALTH FACILITIES PROVIDERS**

All Behavioral Health and Developmental Disabilities service providers who are applying for capital program grant funding must follow the additional instructions included in the Appendices, “Additional Information for Behavioral Health Grant Applicants Providing: Substance-Related Disorder Services, and/or Mental Health Services” (Attachment F); and/or “Additional Information for Grant Applicants Providing Services to Individuals with Developmental Disabilities” (Attachment G).

**REQUIREMENT FOR FEDERALLY QUALIFIED HEALTH CENTERS**

All Federally Qualified Health Centers (“FQHC”) who are applying for capital program grant funding must also submit a copy of the most current Health Resources and Services Administration (“HRSA”) Uniform Data System (“UDS”) Report with the completed application. See Appendix entitled “Additional Information for Federally Qualified Health Centers Capital Funding Applicants” (Attachment H) for information regarding service priorities.

The narrative portion of the application should be prepared in sections that include subtitle headings to match those included in the instructions and should be organized to follow the same order as they appear in the instructions.

If not already on file with the Office of Primary Care Access, applications must include an attachment that provides a description of the FQHC’s current service area and/or scope of service.

**REQUIREMENT FOR AN UPDATED APPLICATION FOR PARTIALLY FUNDED PROJECTS**

If a project was only partially funded in a prior year (e.g., only been authorized for architectural/engineering fees), an updated complete application must be submitted to request authorization for the remaining State funds.

**REQUIREMENT FOR FEDERAL, STATE, AND LOCAL COMPLIANCE**

All projects developed under the MDH Administration-Sponsored Capital Program must comply with federal, State, and local standards, codes and requirements. These standards must be followed in determining physical plant and equipment requirements.

# Check List

The application is to be completed and submitted using the following outline. This Check List is to be included with the submitted application. Indicate whether the following items are included in the application. If “yes”, provide the **applicable page number**, if “no”, provide an explanation on a separate attachment.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES****(Page No.)** |  | **NO** |
| [**Project Summary Form**](#_heading=h.1fob9te) |  |  |  |
|  |
|  |  |  |  |
| 1. [**Project Overview**](#_heading=h.2et92p0)
 |  |  |  |
| 1. Project Description
 |  |  |  |
| 1. Introduction to Agency
 |  |  |  |
| 1. Name and Address of Agency
 |  |  |  |
| 1. Introduction to Project
 |  |  |  |
| 1. Purpose
 |  |  |  |
| 1. Location
 |  |  |  |
| 1. Site Plan
 |  |  |  |
| 1. Strategic Plan
 |  |  |  |
| 1. Unmet Need
 |  |  |  |
| 1. Resource Capacity (BHA)
 |  |  |  |
| 1. Resource Capacity (DDA)
 |  |  |  |
| 1. Productivity (FQHC)
 |  |  |  |
| 1. Project Justification
 |  |  |  |
| 1. Problems and Consequences of Deficiencies
 |  |  |  |
| * 1. Description of Each Problem
 |  |  |  |
| * 1. Consequences of Each Problem
 |  |  |  |
| 1. Current and Future Outcomes
 |  |  |  |
|  |  |  |  |
| 1. [**Administrative Information**](#_heading=h.1t3h5sf)
 |  |  |  |
| 1. Poverty Area Funding
 |  |  |  |
| 1. Admission Policy
 |  |  |  |
| 1. Staffing Pattern
 |  |  |  |
| 1. Schedule of Rates
 |  |  |  |
| 1. Previous Projects
 |  |  |  |

***CHECK LIST***

*(continued)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** |  | **NO** |
| 1. [**Project Description**](#_heading=h.lnxbz9)
 |  |  |  |
| 1. Scope of Work
 |  |  |  |
| 1. Project Type
 |  |  |  |
| 1. Description of Architecture and Infrastructure
 |  |  |  |
| 1. Site Improvements
 |  |  |  |
| 1. Utilities
 |  |  |  |
| 1. Acquisition
 |  |  |  |
| 1. Project Site Description
 |  |  |  |
| 1. Location
 |  |  |  |
| * 1. Legal Description
 |  |  |  |
| * 1. Legal Opinion
 |  |  |  |
| * 1. Plat Plan
 |  |  |  |
| * 1. Soil Investigation Report (new construction only)
 |  |  |  |
| * 1. Water & Sewer Assurance
 |  |  |  |
| * 1. Zoning Status
 |  |  |  |
| 1. Transportation
 |  |  |  |
| 1. Time Frame
 |  |  |  |
| 1. Maps and Sketches
 |  |  |  |
|  |  |  |  |
| 1. [**Financial Information**](#_heading=h.3j2qqm3)
 |  |  |  |
| 1. Cost Estimate Worksheet *(Attachment A)*
 |  |  |  |
| 1. Capital Financial Summary
 |  |  |  |
| 1. Supporting Documentation for Matching Funds
 |  |  |  |
| 1. IRS Letter Confirming Non-profit Status
 |  |  |  |
| 1. Capital Financial Summary *(Attachment A)*
 |  |  |  |
| 1. Operating Cost Projections *(Attachment A)*
 |  |  |  |
| 1. Equipment and Furnishing Request *(Attachment B)*
 |  |  |  |
| 1. Most Recent Audited Financial Statement
 |  |  |  |
|  |  |  |  |
| 1. [**Additional Documentation**](#_heading=h.2bn6wsx)
 |  |  |  |
| 1. Itemization of All Principals *(Attachment C)*
 |  |  |  |
| 1. Compliance with Civil Rights *(Attachment D)*
 |  |  |  |
| 1. Applicant Certification *(Attachment E)*
 |  |  |  |
| 1. License
 |  |  |  |
| 1. Medicaid Approval
 |  |  |  |
| 1. IRS Form 990
 |  |  |  |
|  |  |  |  |
| **COMMUNITY FACILITIES PROVIDERS ONLY:** Were the Behavioral Health and/or Developmental Disabilities Administrations appendices adhered to? |  |  |  |

# Project Summary Form

***All Information is Required and Must be Completed***

|  |
| --- |
| **1. CONTACT INFORMATION** |
|  |
|  |  |  |
| ***Name of Applicant Agency*** | ***Applicant’s Employer ID Number (EIN)*** |
|  |
|  |  |  |  |  |
| ***Name of Contact Person*** | ***Title*** | ***Direct Phone Number, Ext.*** |
|  |
|  |  |  |
| ***Cell Phone Number (Required)*** | ***Email Address*** |
|  |
|  |  |  |
| ***Street Address of Applicant Agency*** | ***Mailing Address (if different from street address)*** |
|  |
|  |  |  |  |  |
| ***City and Zip of Applicant Agency*** | ***County (if Baltimore, indicate City or County)*** | ***State Legislative District*** |
|  |

|  |
| --- |
| **2. PROJECT DESCRIPTION:**  |
| Include a **brief** description of the project and a statement explaining how the proposed project will improve outcomes for individuals served by your program. |
|  |
|  |

|  |
| --- |
| **3. PROPOSED PROJECT INFORMATION** |
|  |
|  |
| ***Name of Facility/Site for Proposed Project*** |
|  |
|  |
| ***Street Address of Facility/Site for Proposed Project*** |
|  |
|  |  |  |  |  |
| ***City and Zip of Facility/Site for Proposed Project*** | ***County (if Baltimore, indicate City or County)*** | ***State Legislative District*** |

***All Information is Required and Must be Completed***

|  |
| --- |
| **4. TYPE OF PROJECT (Check all that apply)** |
|  |  |
| **NEW FACILITY:** |
|  | Construction to increase capacity |
|  | Construction to replace existing facility |
|  | Acquisition to increase capacity |
|  | Acquisition to replace existing facility |
|  | Purchase of new equipment |
|  | Other (explanation required) |
|  |
|  |
|  |
| **EXISTING FACILITY:** |
|  | Renovation |
|  | Construct new addition |
|  | Conversion from rental to ownership |
|  | Replacement of existing equipment |
|  | Purchase of new equipment |
|  | Other (explanation required) |
|  |
|  |

## Project Overview

### Project Description

#### Introduction to Agency

* + - 1. Provide the name and address of the Applicant Agency.
			2. State the Applicant Agency’s mission and provide a brief history. Include the year the Applicant Agency was established, the target population served, and the services provided (e.g., housing, crisis intervention, outpatient, day supported employment, long-term substance abuse treatment).

#### Introduction to Project

* + - 1. Purpose. Briefly describe the purpose of the proposed project (i.e., why the project is needed) and what will be achieved as a result of funding the project. All projects must address **one or more** of the following facility problems:
				1. Insufficient or inadequate space, including no space or lack of a physical setting in which services can be provided.

####

1. *Current and Projected Space Requirements.* Describe each function to be housed in the facility. Indicate whether the function currently exists or is a proposed new function.
2. *Provide the basis for the amount of each type of space.* For example, how did the Applicant Agency determine the number of administrative offices, counseling offices, bedrooms, or exams rooms needed. For offices, provide an organizational chart including staff titles and function. Provide any specific standards that were used to determine the amount of space.
3. *Indicate how the size of each space or group of similar spaces was determined.* If there is a standard that applies, the space should be based on the standard. Provide the reference for the standard. If there is no standard, the size of the space should be based on the number of occupants, the type and amount of equipment, and the activities to be accommodated. Please specify:
4. Serious deterioration of the existing physical structure or obsolete existing structure.
5. Dysfunctional space that is inappropriate for agency functions or activities.
6. Location not optimal for serving customers or for customer access.
7. Inefficient use of operating funds (e.g. leasing versus owning a facility).
	* + 1. Location. Define the service area for the project and provide the location of the proposed project within that service area.
			2. Site Plan. Enclose a site plan for the project if one is available. If a site plan is not available, please explain.
			3. Strategic Plan. Discuss the relevance of the project to the strategic priorities of your respective Administration (*See Appendices*).
			4. Unmet Need. Each Administration has identified the target populations or priority areas that should benefit from proposed projects (*See Appendices for each Administration*). Please identify which of these target populations or priority areas will benefit from the proposed project. For the defined service area, identify the number of individuals in the target population that are currently receiving the proposed service, the number with an unmet need for the service, and the number of additional individuals to be served upon completion of the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Target Population** | **Number of Target Population Current Receiving Services** | **Unmet Need** | **Additional Individuals to be Served** | **Remaining Need** |
|  |  |  |  |  |
|  |  |  |  |  |

* + - 1. Housing Resource Capacity for Individuals with Serious Mental Illness and/or co-occurring Substance Related disorders. Attachment B, Table 3, “Existing and Proposed Capacity by Type, Residential Rehabilitation, Supportive Housing, Recovery Housing, and Certified Halfway Housing Units,” *must be completed* for each county in which your project intends to develop housing units.
			2. Existing and Proposed Productivity *(Federally Qualified Health Centers only)*. Based on the Federal Productivity Standards, complete Attachment B, Table 1. Specify the agency’s current and proposed productivity based on Federal Productivity Standards for Primary Care (e.g., one M.D. should treat 1,400 patients and have a total of 4,200 encounters per year) and for Dental Care (e.g., one dentist should treat 1,100 patients and have a total of 2,700 encounters per year). Explain any deviations between the federal productivity standards and “actuals.”

### Project Justification

#### Facility Problems and the Consequences of Deficiencies on Operations or Service Delivery

* + - 1. Describe Each Facility Problem. Facility problems were identified in Section A.2.a. For *each* problem identified, discuss the specific nature of the problem. The problems may exist now or may be anticipated in the future. For example, if insufficient space is a problem, quantify the current space and compare it to the increased amount of space needed. If specific settings do not exist (e.g. housing units) in which to provide a service, explain the number of slots, beds, and/or units lacking. If there are building code deficiencies, provide specific citations. *Quantifiable data should be provided whenever possible. Include details on the source(s) of any external quantitative data.*
			2. Consequence of Each Facility Problem. For *each* facility problem, provide a detailed explanation of how the problem has interfered with the delivery of services to the priority populations or the operation of the facility. Describe how the problem affects customer access to and use of services. This may include customers receiving no service because the agency lacks a facility to deliver the services to a certain geographic area.

#### Specify the Measurable Outcomes Currently Achieved and the Outcomes to Be Achieved After Completion of the Project. The Applicant Agency and the State both expect to obtain some “value” for the funds invested in the proposed project. This value should extend beyond the number of individuals served to what outcome is achieved with each individual. There should be a quantifiable improvement in the situation or condition of the customer using the services. State the desired improvement (i.e., outcome), provide the quantifiable measures for those improvements, and provide data to support the results.**[[1]](#footnote-1)** Also, explain how these measures support the priority outcomes of the Administration whose customers are served. Below are examples to use. DO NOT use activities as a measure of outcomes.

* Projects serving individuals with developmental disabilities should include measures such as the number and percent of individuals that: (1) live in the most integrated setting in independent house; (2) meet their habilitation goals; (3) are maintained in employment for a specific period; or (4) are place in supported employment.
* Projects that serve individuals with substance use disorders and/or co-occurring illness should provide data that demonstrates a need for substance use treatment services within the targeted geographical area. These projects must also address BHA benchmarks that indicate patient reduction for substance use and criminality, as well as patient increases for employment and stable housing situation at completion of treatment.
* Projects that propose housing for individuals with serious mental illness should include the number of individuals who are currently homeless or living in a residential rehabilitation bed or in an institution who will achieve a greater level of stability, safety, or independence through placement in the proposed independent housing.[[2]](#footnote-2) Describe wrap around supportive services to be provided by other agencies that will support the individual’s recovery while living in a stable housing situation. Describe how housing will be marketed to target populations.
* Projects for *Federally Qualified Health Centers* should provide outcomes and data for those performance measures selected by the FQHC for its annual Performance Review with the Health Resources and Services Administration (“HRSA”). Performance measures can be found on the HRSA website: <https://data.hrsa.gov/tools/data-reporting/program-data>

#### Projects for Federally Qualified Health Centers should provide, if available, up to five (5) years of trend data to support results on Attachment B, Table 2.

## Administrative Information

### Poverty Area Funding

A project is eligible for poverty area funding if the project meets the requirements for the poverty area under federal regulations or State plans, or a majority of individuals served by the facility are (1) certified by a local Department of Social Services as eligible for Public Assistance or Medical Assistance; (2) are eligible for Supplemental Security Income Benefits; or (3) have income levels that do not exceed 150 percent of the federal poverty level. If the applicant meets one of these criteria, the applicant may request a State grant of more than 75 percent, but not to exceed 90 percent of the cost of the project.

**If poverty area funding is being requested, applicants must provide quantitative documentation showing that the applicant's program meets the requirements for a poverty area under federal regulations or State plan or will serve a majority of poverty-designed consumers each year for the full term of the obligations under award. In addition, this documentation will need to be updated each year for the full term of your obligation. Include details on the source of any external, quantitative data.**

See regulations for further information regarding State grant funding limits:

Behavioral Health and Developmental Disabilities Facilities COMAR 10.08.02.07

Federally Qualified Health Centers COMAR 10.08.05.08(D)

The links to the regulations can be accessed on the [MDH OFMD](https://health.maryland.gov/ocpbes/Pages/bond.aspx) website.

### Admission Policy

Provide a written statement of the applicant’s admission policies as they relate to the purpose and intent of the proposed project. In this statement, the applicant shall:

#### Agree to admit persons based on their need for services without regard to race, national origin, color, disability, religion, or ability to pay;

#### Define clearly proposed limitations, if any, regarding age groups, illness, or disorder categories; and

#### Give priority for admission to persons who are certified by a local Department of Social Services for assistance and to persons of low income.

### Staffing Pattern

Provide the number of personnel employed or to be employed at the facility by occupation and all prerequisites, salaries, and other funds paid or to be paid to these employees (names of employees are not needed).

### Schedule of Rates

Provide a schedule of current rates charged or to be charged or both, if applicable, for services to be rendered.

### Previous Projects

List any previous project(s) for which the Applicant Agency received grant funds through the MDH Administration-Sponsored Capital Program, the amount of State funds allocated for each project and the status of each project.

*Federally Qualified Health Center Applicants:* Provide information about any federal capital funds that have been provided for this project.

## Project Description

This section must provide a detailed scope of work for the proposed project. The Project Description must include:

### Scope of Work

#### Specify whether the proposed project is to acquire, construct, renovate, and/or purchase equipment. Provide a brief description of the proposed project.

#### If the project includes renovation or construction, describe the architectural, structural, mechanical, electrical, plumbing, and telecommunications work that is to be done.

#### Describe any site improvements to be included in the project such as grading, roads, parking, outdoor lighting, and landscaping.

#### Describe all utility work that is required for the project. Use specifics when possible, such as the linear feet of road, utility extensions, or number of parking spaces.

#### If the project is for acquisition, describe the specific nature of the property to be acquired. Indicate the acreage, major transportation routes, and public utilities. Provide a detailed description of the property improvements. Identify any factors that could affect the timing of the acquisition.

### Project Site Description

Provide a description of the project site including the acreage and dimensions. If the project is for new construction, note any topographic features of the site that will need to be considered during design, such as, significant elevation changes, wooded areas, or high-water table.

#### Location

Give the location of the proposed project (exact address, if known). If site is applicant-owned, attach the following:

####

#### Legal description of the property (copy of deed)

#### Legal opinion assuring good and valid title or copy of title insurance

#### Plat plan

#### Soil investigation report (new construction only)

#### Assurance of the availability of water and sewer hookups

#### Zoning approval – copy of zoning approval or application status

If the site is not applicant owned, identify the current owner. Provide items listed above in 1.a.-f., if available.

### Transportation

If the project involves a new service site, discuss transportation access to the services. If consumers will have to travel to the project site, will it be accessible by public transportation? If vans will be used to pick-up consumers, will the project be located within reasonable proximity to the target population?

### Construction Schedule

*Required.* Provide a schedule for the start date and completion date for design services and construction. Include the dates on the Project Summary Form, Section “Proposed Project Schedule.” Include phase-in schedule if multi-year project. If applicable, describe the phasing plans for minimizing any disruption in service or operations that may be caused by work on this project.

|  |  |
| --- | --- |
| **Timeframe** | **Phase** |
|  |  |
|  |  |
|  |  |
|  |  |

### Maps and Sketches

Provide a map showing the intended location of the proposed project. For a project involving a new building, furnish a plat map, which shows the proposed structure and its relationship to any other facilities in the area. For a renovation project, provide blueprints or drawings (if available) of the intended work area.

## Financial Information

### Cost Estimate Worksheet

Complete Attachment A - Tab “Cost Estimate Worksheet”.

### Capital Financial Summary

#### Attach supporting documentation for matching funds (e.g., bank statements, mortgage statements, bank loan commitment, investment statement, or commitment from local government). If the match will be derived from fundraising, provide a description of fundraising activities and a schedule.

#### Attach documentation from the Federal Internal Revenue Service indicating nonprofit status.

#### Complete Attachment A - Tab “Capital Financial Summary”.

### Operating Cost Projections

For new or expansion projects only, Complete Attachment A - Tab “Operating Cost Projections Form”. If expansion is planned, the source and amount of new operational funds to cover the additional consumers *must* be provided.

### Equipment and Furnishing Request

If requesting moveable capital equipment for new or expansion projects only, complete Equipment and Furnishing Request - Attachment B, Table 4.

### Financial Statements

The most recent financial statements, which have been audited must be submitted.

## Additional Documentation Required

### Listing of All Principals

Complete Attachment C.

### Compliance with Civil Rights Act

###

Complete Attachment D.

### Applicant Certification

###

Complete Attachment E.

### License

Attach a copy of the license or license application.

### Medicaid Approval

Attach a copy of the Medicaid Provider Number.

### IRS Form 990

Attach a copy of the most recent IRS Form 990.

1. “Proxy” measures based on research studies, best practices, or other benchmarks based on national data may be used. Citations must be provided. [↑](#footnote-ref-1)
2. The Behavioral Health and Developmental Disabilities Administrations define independent housing as housing that is provided through a landlord/tenant relationship with support services provided by a service provider of the consumer’s choice (e.g., a Community Supported Living Arrangement (“CSLA”)). [↑](#footnote-ref-2)