

FY 18 Capital Request-Recovery Housing

Board Name: Hamilton County Mental Health and Recovery Services Board

Contact Person (Name, Email, Phone):

Proposed Owner, Applicant, or Service Provider (if different)

Number of Beds:

Project Description:

Demographic to be Served:

- Adults
- Families
- Transition Age Youth
- Veterans

Recovery Housing Level (I, II, III):

Estimated Project Cost:

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

Amount requested from Ohio MHAS (up to 75% of total project costs):

Local matching funds (minimum of 25% of total project costs):

Local funding sources, (include availability dates for each):

Address and/or Parcel # for proposed project site:

Operating Budget Estimate and Sources (attach spreadsheet):

Site Status (purchase contract or option):

Site zoning/any planning issues:

Anticipated groundbreaking or purchase date:

Right click to save form. E-mail completed form and budget to dianeb@hcmhrsb.org by August 25, 2017