Arizona Department of Health Services Division of Behavioral Health Services T/RBHA Housing Project Proposal Outline Form

Applicant: (T/RBHA) Contact Name &Title:	
Project Name:	
Mailing Address:	
Street Address: (if different from mailing address) City/State/Zip:	ess)
Telephone:	
Facsimile:	
E-mail Address:	

Please Note: Complete one Project Proposal Outline for projects that have multiple addresses.

Amount of ADHS/DBHS Funds Requested:

Should funding be awarded, the amounts may be more or less than the amount requested in the box below. Any funds provided through this process will be from the Arizona Department of Health Services Division of Behavioral Health Services.



List Other Funding Source(s):

(provide a list of other funding sources to be used to leverage/match funding request including: non-profits, for-profits, banks, federal funding-HUD/VA/USDA Rural Development, Industrial Development Bonds, philanthropic)



Type of Activity:

Provide a very brief explanation of what the overall housing activity planned and how you wish to utilize ADHS/DBHS funds.

Describe Proposed Housing Project:

Proposed Use of Funds:

Location of Project/Area(s) to be served (city, county, town, reservation):

Appendix H-A

Proposed Beneficiaries of the Housing:

In order to qualify for funding the proposed project must be intended to serve individuals with serious mentally illnesses enrolled in the T/RBHA who qualify as low-income households (80% AMI or below).

Please indicate the population(s) and number of units/capacity per site/location below (e.g. individuals who are homeless, involvement with the criminal justice system, transition from supervisory care/boarding care homes, inpatient or residential, young adults):

Population/Program Focus and Site/Location	Number of Units/Capacity

Types of Housing:

Please describe the type of housing or housing assistance/subsidy to be provided (e.g. house, small apartment complex, large apartment complex, transitional housing, permanent housing, move in/keep in funds, rental assistance):

Is the proposal consistent with existing court orders and/or contractual requirement related to occupancy?

Yes____ No__

If no, a written request must be submitted in writing to the Division Chief of Clinical and Recovery Services indicating the circumstances (e.g. leveraging requirements from other funding sources to complete the project).

 Will the property be a congregate living facility?

 Yes_____
 NO______

On-Site Treatment and Support Services/Linkages to Community Resources:

Please describe any treatment and support services to be provided on site and/or linkages to services and community resources to support the individual in the community (e.g. employment, independent living skills, medication assistance, co-located substance abuse/use treatment, nursing services):

Proposed/Identified Service Provider(s):

Time Frames:

Estimated Time Frames to Complete the Project:

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Outcomes:

Please describe anticipated outcomes such as reducing length of stay in inpatient or in residential treatment, reducing the number of individuals who are homeless, increasing permanent housing stock, etc.

If you need technical assistance or have any questions please contact the ADHS/DBHS Housing Coordinator at 602-364-4602.

Please submit this form to: ADHS/DBHS Housing Coordinator, 150 North 18th Avenue, Suite 220 Phoenix, Arizona 85007 or fax it to (602) 364-4767.

FOR ADHS/DBHS USE ONLY: Date Reviewed by the ADHS/DBHS Housing Review Committee:

> Amount of Funding Recommended by the ADHS/DBHS Housing Review Committee \$

Recommendations/Issues:

ADHS/DBHS Housing Coordinator

Date