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CA Infrastructure

BHCIP Round 4: Children and Youth

Deadline: 8/31/2022

Native Directions Inc & HomeCA Inc New Tribal Youth Perinatal Residential SUD

Jump to: [Application Questions](#) [Project Summary](#) [Documents](#)

\$ 11,175,505.00 Requested

\$ 485,000 Match Amount

Submitted: 8/29/2022 9:09:22 PM (Pacific)

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SAM Expires

Application Questions [top](#)

Applicant and Site Information

1. What type of entity is the lead applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.

- ☐ City
- ☐ County
- ☒ Tribal Entity
- ☐ Nonprofit Corporation
- ☐ For-Profit Corporation

2. If applicable, what type of entity is the co-applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.

- ☐ County
- ☐ City
- ☐ Tribal Entity
- ☒ Nonprofit Corporation
- ☐ For-Profit Corporation
- ☐ Not applicable

Pre-Application Consultation

3. PAC Survey: Have you submitted a pre-application consultation survey for Round 4: Children and Youth? The

survey is necessary to schedule the pre-application consultation, which is a required activity.

The pre-application survey is necessary to schedule the pre-application consultation. (Attachment A: Pre-Application Consultation Process). The deadline to submit a pre-application consultation survey and request a PAC is 8/10/22.

413079 PAC Code

Schweigman Last name of PAC Implementation Specialist

413,079.00 TOTAL

Project Information

4. Facility Category

Please select the type category of the facility according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. Applicants should discuss project types during the pre-application consultation.

- ☐ Outpatient services
- ☒ Residential clinical program

5. Facility Type

See eligible facilities as outlined in Section 3.3: Eligible Facilities. Select all facility type(s) for which funding is being sought in this application.

- ☐ Adolescent Residential Treatment Facilities for Youth with Substance Use Disorder (SUD)
- ☐ Children's Crisis Residential Program (CCRP)
- ☐ Community Mental Health Clinic (outpatient)
- ☐ Community Treatment Facility (CTF)
- ☐ Community Wellness/Youth Prevention Center
- ☐ Crisis Stabilization Unit (CSU)
- ☐ Outpatient Treatment for SUD
- ☐ Partial Hospitalization Program
- ☒ Perinatal Residential SUD Facilities
- ☐ Psychiatric Acute Care Hospital
- ☐ Psychiatric Health Facility (PHF)
- ☐ School-Linked Health Center
- ☐ Short-Term Residential Therapeutic Programs (STRTPs)

6. State Priorities

Identify each of the State Priorities your project is targeting (RFA Section 1.1) and describe how the project will meet these priorities. Check all that apply:

- ☒ Invest in behavioral health and community care options that advance racial equity
- ☒ Seek geographic equity of behavioral health and community care options
- ☒ Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth
- ☒ Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization
- ☒ Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement
- ☒ Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy
- ☒ Leverage county and Medi-Cal investments to support ongoing sustainability
- ☒ Leverage the historic state investments in housing and homelessness

7. Describe State Priorities

Please describe how your project meets the priorities you have selected above (limit 500 words).

There is an urgent gap in housing and services for Native American Youth Women. There is no residential Perinatal SUD program exclusively for Native American Youth, although this segment of the population shows the highest incidence of youth pregnancy among all races. Many of the pregnant youth also are experiencing Substance Used Disorder which is very harmful to the fetus. When people are in a state of crisis due to lack of basic services and safe housing they are unable to focus on sobriety.

This prenatal program will be the first Perinatal Youth Native SUD program in the State of California of this size. The facility will also accept those who have history of incarceration and/or foster care, who have the greatest barriers to access. The

facility will prioritize young mother with their young children who are experiencing SUD who are homeless or at risk of homelessness.

The smaller Tribes of California are disenfranchised with lack of basic services. Our program includes transportation and internet, giving the women more access to basic health care needs. We will also have ongoing outreach and engagement within the target population.

8. Geographic Service Area

What is the geographic service area (including cities/counties) for the proposed project? Also include the physical address of the project site.

The proposed New Tribal Youth Perinatal Youth SUD Facility at 3335 Deer Valley Court, Rescue, CA 95762 in El Dorado County will service Youth Natives statewide.

9. Medi-Cal Beneficiaries

Does the proposed project make a commitment to serve Medi-Cal beneficiaries?

☒ Yes

☐ No

10. For-profit Experience: If the applicant is a for-profit organization that does not have prior behavioral health experience, they must collaborate with a nonprofit organization, tribal entity, city, or county, with the requirement that the partner organization has related prior experience, reflected in the successful development, ownership, or operation of a relevant project for the target population.

☐ A) Memorandum of understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county to confirm the for-profit organization's role in the project, including that they are working on behalf of the service provider

☐ B) Narrative description of related prior experience, describing the successful development, ownership, or operation of a comparable size and type of project for individuals who qualify as members of the target population (see #11).

☒ C) Not Applicable

11. If you selected "B) Related prior experience," above, please describe that experience.

Enter N/A if not applicable. Limit 400 Words.

N/A

12. Services Payors

Describe how the behavioral health services to be delivered at this project site will be paid for and sustained once project construction is complete (limit 200 words).

Once construction is complete the behavioral health services to be delivered at project site will be paid for by DMC-ODS (Drug Medi-Cal Organized Delivery System) and SABG (Substance Abuse Block Grant). The facility serves tribal and part of the IHS (Indian Health Services) providers.

13. Percentages of Funds by Payors

Please include percentages of funds by payor, as described in question 12. Totals should equal 100%. For other, please reference "other" as described in question 12. 50% should be entered as '50' with no percentage or decimals.

Insurance: Private health

Insurance: Medi-Cal

Grant

Funding from County

Private Pay

100 Other

100.00 **TOTAL**

Target Population/Diversity

14. Expanding Capacity: Describe how the proposed project will expand community capacity for serving children and youth ages 25 and younger, including pregnant/postpartum women and their children and transition-age youth, along with their families.

In addition, please describe the applicant's experience working with this population (limit 500 words).

At the current moment, there are no Perinatal SUD programs for Native American Women. Any SUD program exclusive to Native American women is a great improvement. The Native Directions/ Home CA partnership have identified a long list of women needing these services during stakeholder's meetings that they have conducted. These women are unable to get services due to the lack of treatment services solely for women. During multiple interviews, women who currently have or have

had substance abuse issues stay with family or extended family. Having substance use disorder while pregnant just compounds the problem and burdens the community and their families.

Native Directions/ HomeCA's SUD program solely for women greatly expands the services to at least 16 beds for the pregnant young mothers and 24 beds for the offspring of the pregnant mothers.

Ramona Valadez of Native Directions Inc has been a SUD provider for Natives for over 49 years. Ramona Valadez continues to do outreach work for Native Youth Perinatal.

15. Licensing and Certifications

List any behavioral health licensing, certifications, and/or accreditations required at the state and/or local level to operate the existing program. Include licensing and certification numbers and named holders as applicable.

The facility will be licensed under the Department of Healthcare Services (DHCS).

16. Family Services: Will the proposed infrastructure project include family-based clinical or supportive services to the target population?

Please indicate whether the project will provide family-based services for each target population by writing YES or NO in the spaces provided.

<input type="text" value="No"/>	Children (birth–18 years)
<input type="text" value="No"/>	Transition-Age Youth (18–25 years)
<input type="text" value="Yes"/>	Perinatal (pregnant/postpartum women and their children)
<input type="text" value="0.00"/>	TOTAL

17. Family Services: Description

Describe any of the family-based clinical or supportive services being offered. Limit 500 words.

According to multiple scientific journals and studies including the issues in Mental Health Nursing, Native American women have suffered a lifetime of physical and sexual abuse, substance abuse, depression and suicide attempts. The interviews conducted with Native Americans during Red Road talking circles and pow wow's confirm the results from this study. Due to the need of Native American Women, it has been concluded that a stable, safe environment is integral to the success of their sobriety.

There are 5 categories of support that will be offered.

1. Cultural Sensitive Modalities: Respecting and allowing the Native Americans to use Complementary and Alternative Medicine such as heat in sweat lodges for purification, massage and dance, will create sacred spaces for peaceful experiences in an inclusive environment with person centered activities, cultural, spiritual beliefs and practices. Other modalities will be incorporated such as dream therapy, spirituality and prayer.

2. Peer Counseling and Tribal Family Support: Success perpetuates success. Mutual-help groups have been associated with better SUD outcomes in completion of detoxification and substance use disorder treatment. Peer Counseling allows for behavioral modification using the tribe as family as a support system in motivating the client. Peer recovery support services show promise in helping people initiate, pursue, and sustain long-term recovery from substance-related problems.

3. Transportation: The biggest barrier is transportation to services. The lack of support services in the reservations has been attributed to the success of Native Americans in detoxing from substance abuse. Providing transportation will ensure detoxification and substance use disorder treatment to the Native American community. The tribes with fewer resources are far from the nearest clinic. Transportation will be provided so health resources are more accessible.

4. Day Care and Basic Care Services: The family as a unit is affected by the disease of substance abuse. From multiple interviews, Native Americans have not been able to focus on sobriety if they are not in a stable position. The basic services such as good nutrition, showers, internet, shelter and clothes will be provided to allow the client to focus on wellness and sobriety.

5. Education and Vocational Training: Native to Native teaching modalities will be implemented, incorporating multiple modalities including methods in using traditional herbal remedies as well as effects of various recreational drugs and alcohol. Education will be focused on drug and alcohol use and vocational training. This will allow them to develop a new skill that can support themselves as they transition into society.

18. Diversity, Equity and Inclusion

Describe how the project will advance racial equity & meet the needs of individuals from diverse backgrounds. Applicants must affirm they will not exclude certain populations, such as those who are justice involved or in foster care. Limit 500 words

There are approximately 110 tribes in California and many more American Indians and Alaskan Natives (AI/AN) are living in

urban areas. Teen birth rates among AI/AN populations were the highest among all ethnic groups in 2017, with 32.9 births for every 1000 AI/AN and yet in the State of California, services for perinatal native youths are very limited. Currently, we do not have any residential treatment facility for perinatal native youth in the State of California. Native Directions/ Home CA will be constructing a new Perinatal facility to address this inequity. We will be welcoming all pregnant native youths and parenting native youths from all over the State of California who will need perinatal treatment and who may also be needing services for substance use disorder (SUD). We will prioritize admission of young women with SUD as they require more urgent treatment services due to the harm that the substance use can cause the fetus.

Elders from these tribes will also be consulted to ensure the program is culturally sensitive to each client. Case workers will be working with each client in filling assessment sheets, assisting them in filling out their goals and ensuring cultural sensitivity. There will also be an ongoing extensive outreach and engagement program as many of those needing perinatal treatment may not be aware that these services exists.

The facility shall embrace diversity, equity and inclusion, and will not discriminate who we serve including those who have a history of incarceration and/or foster care, as long as they are needing our services and we are able to meet their needs.

The facility shall offer person centered care in the least restrictive environment for young mother and/or their young children. Studies shown that young pregnant mothers suffering from SUD are most likely to seek treatment if they are with their children, thus the facility will provide treatment services to both the mother and her children and will be treated as a family unit

Source: Office of Population Affairs, US Department of Health and Human Services

Project Development Requirements

19. Project Readiness

Has the proposed project met the minimum threshold for project readiness (as outlined in RFA Section 3.2)?

- ☒ Yes
☐ No

20. Development Phase

Which phase of development describes the current status of the project (see RFA Section 3.2)? Select only one.

- ☐ Phase 1: Planning and pre-development
☐ Phase 2: Design development
☒ Phase 3: Shovel ready
☐ Final Phase: Construction

21. Development Phase Description

Describe the phase selected above and how your project fits within this phase below. (Limit 400 words)

The proposed project for New Tribal Youth Perinatal Residential SUD is currently in Phase 3: Shovel Ready. The Co-Applicant HomeCA (NPO) has ownership of the project site. The preliminary plan review is undergoing. The Licensed General Contractor, Max Peralta of Ultimex Builders has been selected and ready for hire.

22. Project Construction Type: Enter the square footage associated to the project type, as it applies to your proposed project. Multiple selections allowed.

Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; e.g., 1,354 sqf should be entered as "1354"

<input type="text" value="9460"/>	1. New ground-up construction (e.g., a new facility or new setting being built)
<input type="text"/>	2. Addition to an existing structure (e.g., constructing a new wing, new floor)
<input type="text"/>	3. Rehabilitation of an existing facility that expands service capacity at current site
<input type="text"/>	4. Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)
<input type="text"/>	5. Acquisition of existing facility/building, ready for turnkey operations (no renovation needed)
<input type="text" value="9460"/>	TOTAL Square Footage
<input type="text" value="18,920.00"/>	TOTAL

23. Describe Project Construction Type: Based on above selection(s) please clearly describe not only the construction type, but what services will be offered as a result of that construction.

Refer to Application Instructions for Question 23, located at the top of this page. Limit 400 words.

The proposed project is a new construction of three structures totaling 9,460 sq. ft. The proposed project will serve a capacity of 16 Perinatal Families (16 mothers and up to 24 children) a total of 40 beds.

24. Previous Applications

Has the applicant applied for previous BHCIP Rounds 1 through 3, including the Joint RFA and any Community Care Expansion (CCE) funding?

- ☐ Round 1: Crisis Care Mobile Units (CCMU)
- ☐ Round 2: County and Tribal Planning
- ☒ Round 3: Launch Ready
- ☐ CCE: Capital Expansion
- ☐ CCE: Pre-Development
- ☐ No

25. Previous Awards: Has the applicant received an award or notice of award for any of the above funding rounds?

Enter project title, award date, & describe how funds requested for Round 4 will be used for the separate and distinct purpose of further expansion of behavioral health services for the target population (limit 400 words).

Yes, Tribal Pre-Planning Grant was awarded on 4/28/2022.

Yes, Community Wellness Center for SUD at Best Life was awarded on 6/23/2022.

The Round 4 funds requested will be used for a new construction for a Perinatal Residential SUD facility serving Youth Natives.

26. Match Requirements: Please identify the source(s) and amounts of funds or real property contributions fulfilling the match requirement (see RFA Section 3.4). If identifying a real property contribution, please provide a certified appraisal and a bank loan document.

The match values listed here should align with the match values listed in Form 2: Budget Template.

The match sources are (1) real estate property at (18.91 acres)
at a certified appraisal value of \$435,000 and (2) \$50,000 in cash (Chase Bank).

27. Permits and Approvals

List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them (limit 500 words).

1. Approval from Native Directions Inc Board (secured)
2. Permit to Start Construction, will notify the county of the urgency of the project (to be submitted).
3. Our consultant will set up a meeting with the Department of Healthcare Services to obtain licenses.
4. We will also notify the Fire Department to obtain fire clearance for the facility.

28. Outpatient Capacity: Provide existing and expanded capacity below, by indicating how many individuals from the target population are currently served at the facility discussed in this proposal. Provide first existing capacity followed by expanded capacity.

If no outpatient services are provided, enter 0. If New Construction, Enter 0. Enter numerical values only. Calculate slots on an annual basis. If 6,133 people patients are services annually, enter as '6133'

<input type="text"/>	Existing: Children (birth–18 years)
<input type="text"/>	Existing: Transition-Age Youth (18–25 years)
<input type="text"/>	Existing: Perinatal (pregnant/postpartum women and their children)
<input type="text"/>	Existing: Family Services
<input type="text"/>	Existing: Total
<input type="text"/>	Expansion: Children (birth–18 years)
<input type="text"/>	Expansion: Transition-Age Youth (18–25 years)
<input type="text"/>	Expansion: Perinatal (pregnant/postpartum women and their children)
<input type="text"/>	Expansion: Family Services
<input type="text" value="n/a"/>	Expansion: Total
<input type="text" value="0.00"/>	TOTAL

29. Outpatient Expanded Capacity by Project Type: Using the numbers provided above for Expansion, enter the proposed expanded capacity by construction type.

The expanded total number of unique individuals served on an annual basis above your current outpatient capacity is the total

value. Do not include current capacity. Enter numerical values only. Do not enter ranges.

<input type="text"/>	Ground-Up Construction: Children (birth–18 years)
<input type="text"/>	Ground-Up Construction: Transition-Age Youth (18–25 years)
<input type="text"/>	Ground-Up Construction: Perinatal (pregnant/postpartum women and their children)
<input type="text"/>	Ground-Up Construction: Family Services
<input type="text"/>	Total Expanded Capacity Ground-Up Construction
<input type="text"/>	Rehab/Addition: Children (birth–18 years)
<input type="text"/>	Rehab/Addition: Transition-Age Youth (18–25 years)
<input type="text"/>	Rehab/Addition: Perinatal (pregnant/postpartum women and their children)
<input type="text"/>	Rehab/Addition: Family Services
<input type="text" value="n/a"/>	Total Expanded Capacity Rehab:
<input type="text" value="0.00"/>	TOTAL

30. Residential Capacity: Provide existing and expanded residential capacity below, by providing number of beds in use at the proposed project site (EXISTING) and then proposed number of new beds (EXPANSION)

Provide physical number of beds only, not annual capacity. If no residential services are currently provided, enter 0. If Ground-Up Construction, Enter 0. Enter numerical values only. Do not enter ranges or any other values.

<input type="text"/>	Existing: Children (birth–18 years)
<input type="text"/>	Existing: Transition-Age Youth (18–25 years)
<input type="text"/>	Existing: Perinatal (pregnant/postpartum women and their children)
<input type="text"/>	Existing: Family Services
<input type="text"/>	Existing: Total
<input type="text"/>	Expansion: Children (birth–18 years)
<input type="text"/>	Expansion: Transition-Age Youth (18–25 years)
<input type="text"/>	Expansion: Family Services
<input type="text" value="40"/>	Expansion: Total
<input type="text" value="40.00"/>	TOTAL

31. Expanded Residential Capacity by Project Type: Using the numbers provided above for Expansion, enter the proposed expanded capacity by construction type.

The expanded number of physical beds proposed is the total value. Do not include current capacity. Enter numerical values only. Do not enter ranges.

<input type="text"/>	Ground-Up Construction: Children (birth–18 years)
<input type="text"/>	Ground-Up Construction: Transition-Age Youth (18–25 years)
<input type="text" value="40"/>	Ground-Up Construction: Perinatal (pregnant/postpartum women and their children)
<input type="text"/>	Ground-Up Construction: Family Services
<input type="text"/>	Total Expanded Capacity Ground-Up Construction
<input type="text"/>	Rehab/Addition: Children (birth–18 years)
<input type="text"/>	Rehab/Addition: Transition-Age Youth (18–25 years)
<input type="text"/>	Rehab/Addition: Perinatal (pregnant/postpartum women and their children)
<input type="text"/>	Rehab/Addition: Family Services
<input type="text"/>	Total Expanded Capacity Rehab:
<input type="text" value="40.00"/>	TOTAL

32. Narrative Description: Refer to Application Instructions, Question 32, at the top of this page.

Provide a detailed narrative description of the proposed project's construction and design. If copying from a word document, please remove any special formatting or characters before pasting into the space below. Limit 1500 words.

The proposed project, New Tribal Youth Perinatal Residential SUD, is a new construction of three buildings totaling 9,460 sq. ft. The projected cost estimate for the new construction is \$7,440,000 which was provided by the general contractor, Ultimax

The primary building is a 7,400 sq. ft residential facility that includes 16 private rooms that have been designed to comfortably accommodate 16 perinatal family units which can consist of a mother and her children. Rooms will vary in size, with the largest room size can accommodate a perinatal family unit of a mother and four children, and the smallest room size can accommodate a mother and one child. The primary building will include amenities such as several common areas, dining areas, laundry facilities, bathrooms. The primary building will also include a 1,500 sq. ft child center which includes amenities such as child library, play area, and music room. The child center has a dedicated enclosed outdoor playground. The purpose of the child center is to provide for recreational services to children while the mothers are seeking treatment or attending medical or doctor's appointments.

The secondary 1,510 sq. ft. ADU will provide housing for Native Staff, which shall include semi-private bedrooms, bathrooms, common area, kitchen and dining, and outdoor recreational areas.

The third 550 sq. ft. ADU will provide private counseling offices.

The proposed project will also have dedicated areas for Native ceremonies. In addition, the proposed project will have a community garden and other outdoor recreational areas including walking paths. The proposed project will also be gated for security. The proposed project will adhere to the cultural sensitivity of the Natives.

33. If applicable to your phase, please upload the following documents:

Limit file size to 20MB for each file. Label files as follows: Form Name_Project Title_Date. An example would be: Form 8_Sunny Acres Rehab_060122 or Drawings_Sunny Acres Rehab_060122.

- ☒ Form 8: Schematic Design Checklist
- ☒ Drawings: preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, other renderings
- ☒ Resumes: Resumes of the development team that developed the design/construction plans
- ☒ Contracts: A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

34. Timeline for Incomplete Documents

If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below (limit 500 words).

n/a

Community Support and Youth Involvement

35. Letters of Support and Community Engagement: Complete and Upload Form 7: Community and Youth Engagement Tracking, as well as one of more of the following(see RFA Section 3.1 Eligibility Requirements):

Label all letters of support as follows: LOS_Project Title_Agency or Role of Author. An example would be: LOS_Sunny Acres Rehab_Kern County BH Department. Abbreviations are fine.

- ☐ County board of supervisors, county behavioral health director, or county executive
- ☐ City council
- ☒ Tribal council (i.e., tribal council resolution)
- ☐ Community stakeholders and/or other community-based organizations
- ☐ Elected or appointed officials

36. If applicable, upload a letter of support from (see RFA Section 3.1: Eligibility Requirements):

See file naming convention examples for question 35. See Application Instructions for Question 36 at the top of this page.

- ☐ The applicant's CEO and/or board
- ☐ School district or county office of education (Required for School-Linked Health Centers)
- ☒ The county behavioral health agency or, if a tribal facility, the tribal board

37. Please list the Name, Title and Affiliation of all authors of letters of support included with this application. If you have requested letters of support and they are still being written, please provide details below and the expected date that letter will be provided.

Volker Moerbitz, President of the Board Council, Native Directions Inc/Three Rivers Indian Lodge

38. Funding Request by Project Type

As indicated in applicant response to Question 22, provide the total grant amount requested, not including match, by project

construction type. Enter numerical values only. Enter 0 if type does not apply.

<input type="text" value="11175505"/>	New ground-up construction (e.g., a new facility or new setting being built)
<input type="text"/>	Addition to an existing structure (e.g., constructing a new wing, new floor)
<input type="text"/>	Rehabilitation of an existing facility that expands service capacity at current site
<input type="text"/>	Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)
<input type="text"/>	Acquisition of existing facility/building, ready for turnkey operations (no renovation needed)
<input type="text" value="11,175,505.00"/>	TOTAL

Project Summary [top](#)

Project Summary

Address Line 1
Address Line 2
Street
City
State
ZIP
County
Parcel/APN #
Congressional District(s)

Medi-Cal Information

Target Population	Current percentage of Medi-Cal Beneficiaries served	Projected percentage of additional Medi-Cal beneficiaries to be served
Children (Birth – 18 years)		
Transition-age youth (18 – 25 years)		
Perinatal (Pregnant/postpartum women and their children)		100
Family Services		

Documents [top](#)

Documents Requested *

Form 2: Budget Template

[download template](#)

Form 3: Development Team Information

[download template](#)

Form 4: Design, Acquisition, and Construction Milestone Schedule

[download template](#)

Form 5: Applicant's Certification of Prevailing Wage

[download template](#)

Form 6: Applicant's Certification of Funding Terms

[download template](#)

Form 7: Community and Youth Engagement Tracking

[download template](#)

Site plans, design drawings, construction drawings or

Required? Attached Documents *



[Budget](#)



[Development Team](#)



[DAC Milestone Schedule](#)



[Prevailing Wage](#)



[Funding Terms](#)



[Engagement Tracking](#)



[Site Plans](#)

architectural drawings

Resumes of the development team that developed the design/construction plans



[Resumes](#)

A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)



[Contracts](#)

REQUIRED AS APPLICABLE: A certified appraisal and a bank loan document, if identifying a real property contribution for match

[Certified Appraisal](#)

REQUIRED AS APPLICABLE: A valid Rough Order of Magnitude (ROM) cost estimate, if no construction plan is yet in place

[Cost Estimate](#)

REQUIRED AS APPLICABLE: Form 8: Schematic Design Checklist

[Schematic](#)

[download template](#)

REQUIRED AS APPLICABLE: letter(s) of support

[Letter of Support](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 415044

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