

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: _____

Select one:

- New
- Existing

Project Number/Name: _____

Project Address: _____

Date: _____

Type of Building (Check all that apply)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input type="checkbox"/> Existing Facility	<input type="checkbox"/> County owned	<input type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> Land only

NEW PROJECTS ONLY

1. Describe the type of building(s). Include (as applicable):

- Prior use and ownership.
- Scope of renovation.
- When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
- When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
- If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.

6. If proposing Leasing (Rent) to Own Building provide a justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

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7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County’s infrastructure.

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8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)

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9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.

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EXISTING PROJECTS ONLY

1. Provide a summary of the originally approved CF project.

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2. Explain why the initial funding was insufficient to complete the project.

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3. Explain how the additional funds will be used.

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4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.

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