

Facilities Consolidation Fund (FCF)
Preliminary Application Form

1. Date: _____ Agency: DMH / DDS (circle)
2. Name of Sponsoring Organization: _____
3. Contact Person / Phone: _____
4. Property Location (street,city/town): _____
5. Description of Property and Development Plan (i.e. # Units, # Residents – type of work to be done)

6. Description of Site / Location (i.e. environmental, zoning, proximity to goods, services) _____

7. Experience of Sponsoring Organization: _____

8. Financing Plan: _____

9. Development Team: _____

10. Project Schedule: _____

11. Population to be Served: _____

12. Services Anticipated: _____

13. Attach Additional Notes or Documents (if any)

(Complete and return to DMH or DDS Area Housing Coordinator with copy to CEDAC)