



Dannel P. Malloy
Governor

State of Connecticut
Department of Developmental Services



Morna A. Murray, J.D.
Commissioner

Jordan A. Scheff
Deputy Commissioner

***Community Residential Facility Loan Program
Application
Capital Repair & Improvements Loans***

Date:

DDS Region:

Name of Agency:

Address of Agency:

Address of Property:

Amount of Loan Request: \$

Agency Contact Person:

Telephone Number: () -

Project Description: Describe in detail the Capital Repairs or Improvements to be funded by this request. The description should detail the work to be performed, the life safety issues that will be addressed by this project, and the tentative timetable and elapsed time projected to complete this project.

Project Costs: Itemize the costs to be incurred to complete this capital repair and improvement project. (Note: A final accounting accompanied by documentation of 3 bids will be required before this loan will be finalized and disbursed).

This application should be accompanied with the agency's latest audited financial statements.

Signature of Authorized Agency Officer

Date

Signature of Agency Executive Director

Date

If the Capital Repair Loan request is between \$3,000 and \$7,499 and the project was not approved by DDS and DSS in the Capital Improvement process due to approval limit changes, then review and approval by DDS Region is required.

Signature of DDS Regional Director
Or Authorized Designee

Date