

**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

County: Riverside

Project Number/Name: Roy's Adult Residential Facility

Select one:

New

Existing

Project Address: 19531 McLane St. North Palm Springs 92258

Date: 3/15/2017

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 checked="" type="checkbox"/> Existing Facility	<input checked="" 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):
 2. The facility is currently houses a 100 bed emergency shelter as well as two unfinished adjoining suites. It is located in a commercial building that also houses a outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project would develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility.

3. 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.
 To establish a licensed augmented residential care facility. The facility will include 45-50 bedrooms, indoor and outdoor activity areas, common living areas, restroom/showers, laundry facility, commercial kitchen and dining room, staff offices and meeting rooms.
 It will be serve 90-100 individual adults per day.

4. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.
 The facility is located in North Palm Springs. It is located in a commercial industrial complex that borders the north side of the 10 Fwy. It is approximately 5 miles from downtown Palm Springs and 10 miles from Desert Hot Springs. The is limited access to public transportation lines; however, transportation will be provided by the residential care facility operator a part of the condition of their license an contract.

5. 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.)
 The facility will be used for MHSA funded programs and services. The existing FSP and operation of the homeless drop-in center and permanent housing programs are currently fully or partially funded by MHSA.

6. 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.

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7. 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.
N/A
8. 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.
N/A
9. 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).)
N/A. The residential facility will be voluntary/unrestricted housing.
10. 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.
2. Explain why the initial funding was insufficient to complete the project.
3. Explain how the additional funds will be used.

Provide an estimated annual program budget, utilizing the following line items.

NEW/EXISTING PROJECT BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Pre-Development Costs	926,783			
2.	Building/Land Acquisition				
3.	Renovation	12,974,972			
4.	Construction				
5.	Repair/Replacement Reserve				
6.	Other Expenditures				
	Total Proposed Expenditures	13,901,755			
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				

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	Total Revenues				
C.	TOTAL FUNDING REQUESTED				

D. Budget Narrative

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| <ol style="list-style-type: none">1. Pre-Development cost are design fees associated with project.2. Renovation cost are cost associated building out the inside of a 36,200 square foot existing structure. |
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