Nursing Facilities Diversification Program
Application Checklist

Applicant Name:_____

	YES	NO
Applicant Certifications - Is the application signed and dated?	☐	☐
Check if Attachments are included in the application package?		
1. Att. A - Qualified Development Team Form	☐	☐
2. Att. A-1 - Resumes	☐	☐
3. Att. A-2 - Litigation, if applicable	☐	☐
4. Att. B - Description of Improvements - all	☐	☐
5. Att. C - Comprehensive Needs Assessment, if available	☐	☐
6. Att. D – Site and Building Report	☐	☐
7. Att. D- 1 – Supporting Documentation	☐	☐
8. Att. E – Structural Report, if available	☐	☐
9. Att. F – Project Cost Estimate	☐	☐
10. Att. G - Sources of Funds	☐	☐
11. Att. G-1 - Written Commitments, if available.	☐	☐
12. Att. H – Evidence of Site Control	☐	☐
13. Att. I -1 – Phase 1	☐	☐
14. Att. I -2 – Phase 2	☐	☐
15. Att. I -3 – Phase III	☐	☐
16. Att. I-4 – Remediation	☐	☐

17. Att. J – Outline Specifications/Construction Documents ☐ ☐

18. Att. K - Anti-Displacement Certification ☐ ☐

19. Att. L –Rent and Utility Schedule (Adult Family) ☐ ☐

20. Att. L- 1- Narrative ☐ ☐

21. Att. L-2 – Income Plan ☐ ☐

22. Att. L-3 – Expense Plan ☐ ☐

23. Att. L-4 – 15 year Operating Pro-Forma ☐ ☐

24. Att. M – Ten Year Cash Flow (Business) ☐ ☐

25. Att. N – Timeline ☐ ☐