

**Adult Foster Home, Child Foster Home, and Provider Home
ARPA Home Modification Grant Application**

Submit this application to ODDS.HomeMods@odhsoha.oregon.gov

No later than September 21, 2023.

An application must be completed for each home that is requesting a modification.

Home must be owned by Provider. Applications for homes that are rented will be denied.

Provider Name:					eXPRS Number:				
Contact Name:					Contact Phone:				
Contact Email Address:									
Provider Office Address:				City:			Zip:		
Address of Home for Modification:				City:			Zip:		
What services are provided in this home?	Adult Foster Home	<input type="checkbox"/>	Child Foster Home	<input type="checkbox"/>	Adult 24-hour Residential			<input type="checkbox"/>	
Is the home you are requesting the modification currently licensed through ODDS and in good standing?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of modification being requested:									
<p>Examples of modifications not allowed under this opportunity include, but may not be limited to, electrical, HVAC/heating/air conditioner, landscaping, parking lot paving or repairs for staff parking, furniture, roofs, house painting, appliances, carpeting, kitchen appliances, entire bathrooms, updating lighting, window coverings, office space, dry rot repair/water damage, or anything that increase the square footage of the home (additions, converting basement or attic into bedrooms, expanding a bathroom to be a full bath from a half or 3/4 bath).</p>									
Brief description of modification:									

Briefly describe how the modification benefits the individuals living in the home:

Reservation of ODDS Rights:

ODDS reserves all rights regarding this Request for Grant Applications (RFGA), including, without limitation, the right to:

- **Amend or cancel this RFGA without liability if it is in the best interest of the ODDS to do so;**
- **Waive any minor informality or non-conformance with the provisions or procedures of this RFGA;**
- **Seek clarification of any Application;**
- **Negotiate the Program Activities described in this RFGA;**
- **Amend or extend the term of any Agreement that is issued as a result of this RFGA; and**
- **Reject any Application upon finding that to accept the Application may impair the integrity of the solicitation process or that rejecting the Application is in the best interest of ODDS.**

I declare that this home is owned by the Provider Agency or Foster Home Provider and is not a rental.

Initial

I agree that if selected for this home modification I will need to perform due diligence to get 3 bids from Contractors that will need to be reviewed by ODDS. ODDS will select the lowest bid and complete a contract directly with the Contractor.

Initial

I agree that all work must be completed by February 28, 2025.

Initial

I agree that if selected for this home modification a Covenant substantially of the form attached hereto will be agreed to between ODHS and Provider and recorded on the home.

Initial

I agree that if selected for this home modification I must continue to provide services for individuals with I/DD for a minimum of 10 years after the date of the completion of the work.

Initial

<p>I agree that if I stop using the home to provide services to individuals with I/DD prior to the 10 years I will be required to pay ODDS back for the remaining balance of the work that was completed at the established rates in the Grant Agreement/Covenant.</p>	<p>Initial</p>	
<p>Signature of Executive Director, Owner or Board President</p>	<p>Date</p>	
<p>Printed Name of Executive Director, Owner or Board President</p>	<p>Title</p>	