DV- 2600 – Voluntary Agency Request for Preliminary Approval of New DV Residential Facility or Expansion

Date: ___________________ Agency Name: __________________________________________________________

Agency Contact: ___________________________ Phone #: __________________________

Regional Office Contact: ___________________________ Phone #: ___________________

Name of Site for New or Expanded Facility: ______________________________________________________

Site Location: ____________________________________________________________________________

a) Number of additional beds ________________________________________________________________

b) Bed configurations (attach drawings)

c) License type: Shelter - Program - Dwelling - Safe Home Network (circle one)

d) Statistics that support need for additional beds (attach data)

e) Supporting letter from local LDSS or HRA in NYC (attach letter)

f) Projected budget (complete DV forms 2651, 2652, & 2654, available at the following website)
   http://www.ocfs.state.ny.us/main/rates/dv/DV%20Forms.xls

g) Projected date of site construction/conversion completion (construction should not proceed until the project is approved): ____________________________

h) Briefly describe program/services, and reasons for expansion (attach additional sheets if necessary)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Agency Executive Director Signature: _________________________________________________________

Date: ___________________ Phone #: ______________________________

For completion by Regional Office:

Response to Request for Preliminary Approval: Accepted Denied (circle one)

Reason for Denial: _______________________________________________________________________
_______________________________________________________________________________________

Regional Office Director Signature: _________________________________________________________

Date: ___________________ Phone #: ______________________________