



ORPE HUMAN RIGHTS ADVOCATES

THE DEVELOPMENT OF RESIDENTIAL TREATMENT AND RESPITE
FACILITY FOR PREGNANT AND POSTPARTUM WOMEN WITH SUD
IN THE STATE OF HOMELESS OR AT RISK OF HOMELESSNESS

Building Acquisition Plans & Costs

Hub for Coordinated Care Opioid Treatment Programs

- * Pregnant and Moms Centered OPIOID Treatment Programs
- * Integrated Community Care Management
- * Transformation Network
- * Community Collaborative
- * Community Health Teams
- * Patient Centered Medical Treatment
- * Supportive Housing, Legal and Social Services
- * Hub and Satellites
- * Women Health Initiative
- * Accountable Community for Health

Change in Plan for Property Acquisition

December 08, 2020

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I. EXECUTIVE SUMMARY

A. Introduction

This Project Feasibility Report for property acquisition has been established to replace the previously submitted report by Orpe Human Rights Advocates (ORPE) to the DHDC. The report reflects the implementation of the Residential Treatment and Respite Facility to benefit pregnant and postpartum women substance use disorders. We're introducing this report version because they occurred change in the method of property acquisition. The previous report documents the need for facility assumed of implementing a one-stop place where consumers would benefit for programs focused on behavioral health treatment, primary care, coordinated supportive social services, and programs that empower people living in poverty become financially self-sufficient. This report also do the same. The reason for replacement because there occurred change in the method of property acquisition.

In the previous report the focus was stumbled on the purchase and unimproved of 5 ACRE portion of land at the price of \$ 689,000. This option seems to incur heavy burden in terms of construction budget. Focusing on the possibility of reducing the cost of property acquisition, our team composed of Architect, Constructor, and the members of OHRA came to the conclusion that purchasing an existing 10,000 SF Property on already improved land of a size of 5.44 ACRE and at the cost of \$879,000 present significant advantage. This is the reason why the previously proposed option was abandoned. Reader will find below the characteristics, description and the advantages associated with the new option.

Note that to comply with the dispositions of paragraph 8.12 of Federal OPIOID Standards associated with OTPs, our team composed of Architect, Constructor and the members of OHRA have resolved to renovate the existing property and extending it by adding 10,000 more SF to the existing property. This will bring the total size of facility at 20,000 SF.

Furthermore, the property expected to be purchased have donation component that increasing the value of the property. The property to be purchased is located on 823 Main Avenue, Linthicum, MD 21090. This 10,000 SF property sits on 2.79 acres; with parcel TaxID 020541214030300. The owner is donating an additional portion of land of a size of 2.55 ACRE connected to 2.79 ACRE if the deal would take place in the next 45 days. The additional parcel to be included in the sale is Tax ID 020541290043977. Both lands are improved. This bring the total size of lands at 5.55 ACRE.

The above stated advantages has permitted us to seize the opportunity of exploring options that divide our project in two phases:

PHASE (I) consists of renovating of the existing 10,000 SF facility and the construction of the extension of 10,000 SF additional building that will bring the total operational space of 20,000 SF. This will permit us have a responsive Residential Treatment and Respite Facility that conform the requirement of the dispositions of paragraph 8.12. of Federal OPIOID Treatment Standards. This will also permit to build 24 BR Units and 24 Beds that will benefits homeless and at risk-homelessness pregnant and postpartum women with SUD and their Infants.

PHASE (II) after getting established, our organization will seek the possibility of expansion. Second seeks to construct a building of 30,000 SF to 40,000 SF. This second phase is expected to reserve 26 units of 1BR and 300 SF each and 26 beds more to benefit homeless and at risk-homelessness pregnant and moms with SUD and their infants. This will bring of 50 units of 1BR of 300 SF each and 50 beds.

This report also gives description the property to be purchased. It describes its total sizes, the size of the rooms, and the ways these rooms will potentially be explored. Under the need statement, it discusses the reasons why this project is important in Maryland. It also provides a descriptive table that mirrors the programs and services to be implemented within the facility. It establishes details concerning parking size and the requirements associated with it. It does show the master and floor plan, and estimated renovation and construction budgets. It gives details of footage and space management. It also provides project schedule.

B. Description of the Property to be Purchased

This residential facility on more than 5 acres would make an perfect match facility for implementing the Residential and Respite Treatment Facility to ignite the Project "Pregnant and Moms with Substance Use Disorders and their Infants ". Attached to the large main residence is a nearly 1500 SF glass -roofed atrium that will be adapted to accommodate professional skills development training programs and conference rooms for psychological and spiritual therapies. The main residence offers a total of 12 large rooms : 9 large rooms will be used for integrated behavioral health and primary care services . 3 will be used to set offices for case managers and social workers . The 2445 SF down level with restrooms and wet bar will be adapted for front desk and registration services (600 SF); waiting room (800 SF) and pharmacy (1000 SF). The two -story living room with balcony will be converted to administrative offices , which adjoins the atrium , would be an ideal multi - purpose room for overflow , classes , conference , and meetings .The circular drive and large garage offer more than 20 parking spots , with overflow parking available on the street and on the grassed yard . Over 10,000 SF: first floor 2490 SF , second floor 1804 SF , third floor 1412 SF , down level 2445 SF , atrium 1482 SF , 1470 SF to be adapted for hospitality (restaurant , commercial kitchen , vending machines) served . Anne Arundel County zoning permits a religious worship or residential use in R1. There are two additional vacant parcels included in the sale : Tax ID 020541214030300 and Tax ID 020541290043977 , adding ~2.54 acres to the existing ~2.79- acre improved parcel . City water and septic.

B) A Need for more Integrated Service Delivery for Women-Centered, Drug Addition Treatment Act of 2000 (DATA2000) practices, and Primary and Behavioral Health Care Settings

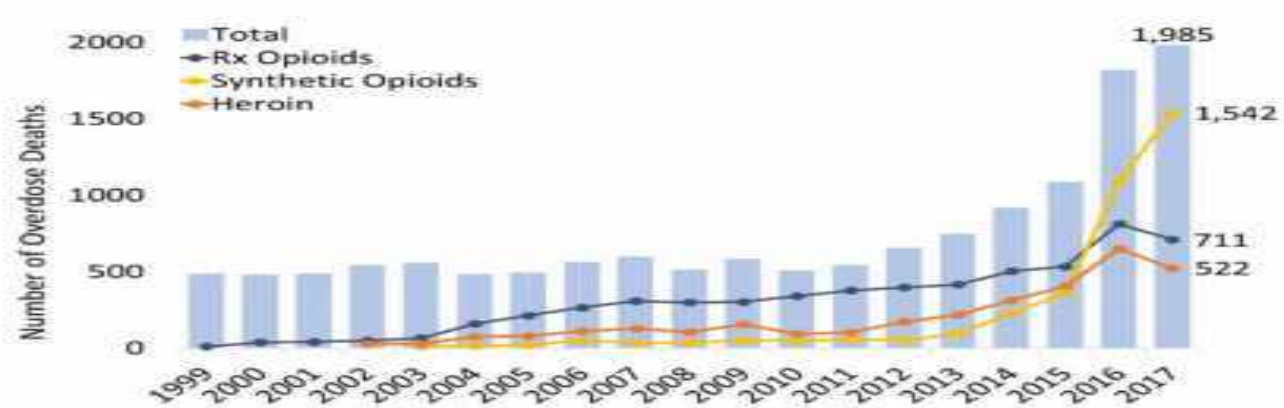
Maryland possesses significant risk factors as a region vulnerable to the higher rate of women unemployment and low-income. Few communities are untouched by Opioid. Low-income is one of the leading causes of the Opioid use and overdose deaths. According to National Institute on Drug Abuse, in 2017, there were 1,985 overdose deaths involving opioids in Maryland—a rate of 32.2 deaths per 100,000 persons, which is twofold greater than the national rate of 14.6 deaths per 100,000 persons. The state ranks in the top 5 for opioid-related overdose death rates. In 2017 incidence of Neonatal Abstinence Syndrome (NAS), which is constellation of neurologic, gastrointestinal, and musculoskeletal disturbances associated with opioid withdrawal, has increased dramatically and is associated with long hospital stays. In Maryland, statistic reveals that the average length of stay (ALOS) for infants exposed to methadone in utero was up to 17 days - compared to approximately two days for a non-addicted newborns. Pregnant and moms are more affected. They are more affected because of the existing barriers that impair their access to the treatment. Among the barriers are stigma, child(ren)... To counter this trend, there is a need of implementing a coordinated approach that explore integrated service delivery, drawing on Drug Addition Act of 2000 (Data2000) practices and primary and behavioral health care setting. This is what OHRA is projecting to do within the scope of the Proposed Project Moms.

OHRA understands that persons with OUD often have complex treatment needs that require concurrent and coordinated attention to addiction, medical, psychiatric, and social problems. It understands that OUD patients do best when they have access to a full range of MAT options in a variety of settings. This project proposed by OHRA is a "**ALL IN ONE PLACE**" system established to facilitate client in locating and navigating an array of social and recovery support services. OHRA will be working with well-trained and OPIOID experts and efficient management of OUD treatment. With a well-trained and experienced team of experts in OPIOID and medical researchers, OHRA will be providing multidisciplinary and comprehensive services, including the potential for a full range of pharmacotherapies for opioid and other SUDs. OHRA offers a treatment setting that allows for frequent patient contact with staff who come to know the patient and the patient's individual needs particularly well.

In many cases, OTPs serves as the greatest, or only, source of stability in the patient's life. These qualities impart the OHRA with the willingness of promoting a coordinated care among other health care providers and recovery support agencies. OHRA will also help other providers take better care of patients they serve by facilitating comprehensive treatment services, including counseling and care management. OHRA staff will be making their expertise accessible to others by providing guidance and support to providers outside the OHRA setting. Such productive connections with other care providers can also enhance the OHRA's clinical outcomes by providing a broader spectrum of services for its patients. These service enhancements include OBB treatment and improved access to community resources and medical providers. Fostering these relationships also establishes referral sources of new patients into OHRA-based services, patients who otherwise may not have found their way to an SUD treatment setting. Patients, providers, governments, and payers can all benefit from models of coordinated care through OHRA. When the OHRA functions as a hub and coordinates with primary care providers, OHRA staff will be helping the patient progress on treatment plan goals related to somatic health.

Furthermore, studies reveal that economic and social unveil, and its etiology closely linked to the role of opioid as a refuge from physical and psychological trauma, concentrated disadvantage, isolation, and hopelessness is one of the causation agent of the increasing use of opioid. This demonstration clearly establishes that there is a need for integrated human service programs and coordinated supportive programs to fight and reduce the growing trend of poverty that substantially lead to the use of opioid in Maryland. Integrated human service programs and coordinated supportive programs reflect exactly the paths of cutting-edged and innovative approach the project of OHRA is going to deal with. As addressed on its website at www.orpe.us; by putting in place an integrated human services system that include coordinated social services, programs deemed to restore human dignity, integrated behavioral health and primary care system, case management, legal aid, career development and capacity building; OHRA will be bringing to our community a cutting-edged and innovative approach of bringing remedy to the issue of poverty, opioid dependency and at the sometime furthering for social justice.

Figure 1



Insufficient income in behavioral social environment is what drives pregnant and postpartum women engage in illegal activities and drive them in the state of dependency in the use of OPIOID . OHRA model provides therapeutic and self-sufficient income responses . However , its current facility does not respond to the needs of the kinds of programs and services our organization is able to provide.

OHRA pretends implement a full range of services and therapeutic program model in communities , which is a novel approach that consists of providing a full range of services and or/ programs in a one location . Programs and services are designed for the purpose of empowering pregnant and postpartum women with SUD , veterans , homeless , or families at risk of homelessness , and low-income families within the purpose of changing their social status from insufficient income status to the status of self-sufficient income. OHRA Model is expected of reducing by 60% the rate of dependency on OPIOID , reduce the rate of deaths, reduce the rate of NAS and days of staying in the hospital and thus high costs associated with the long -staying in the hospital . OHRA Model will economically , socially , and morally benefit the State of Maryland . The Model is expected to present itself as a pilot model and can easily be adopted by other nonprofits, or government task forces at local, regional, and national level.

II. PROPERTY AND LAND ACQUISITIONS

A. Options Analysis

Only one option is now available . Other options related to the purchase of land were removed from this project . The unique available option now is related to the purchase of the property of approximately 10,000 SF sitting on 5 ACRES located at 823 Main Avenue , Linthicum, MD 21090. This change occurred due to the change occurred in the method of property acquisition.

B. Property Acquisition

The actual property acquisition method is based on the purchase of already existing property . The existing property to be purchased presents more advantageous features compared to previously proposed . After conducting deep comparative analyzes associated with the opportunity the new property and land market is offering , our **Architect, Constructor and Team** have come to the conclusion that it would be wise and advantageous for our organization to purchase an existing buildings sitting on already constructed building sitting on 217,800 SF land than developing a new site on a space of a land of a similar size located in the same area . While the total buildings size of approximated 10,000 SF will require renovation and remodeling in order to fit the criteria of "Residential and Respite Facility " expected of housing homeless and at risk -homeless pregnant and moms with SUD , these buildings and land present a great deal for the project . Great deal in terms of the existing buildings; but also, great deal in terms of the land. Based on unexplored size of land of approximately 200,800 SF included in the value of the property , this site offers the opportunity of expanding our project to Phase II. Phase II would be an opportunity to build a new facility of 30,000 SF to complement the already existing project moms. 30,000 SF would add 26 more 1BR of a size of 300 SF each and 26 beds. This would bring a total of 461 BRs and 46 beds that would benefit homeless and at risk-homelessness pregnant and moms and their infants.

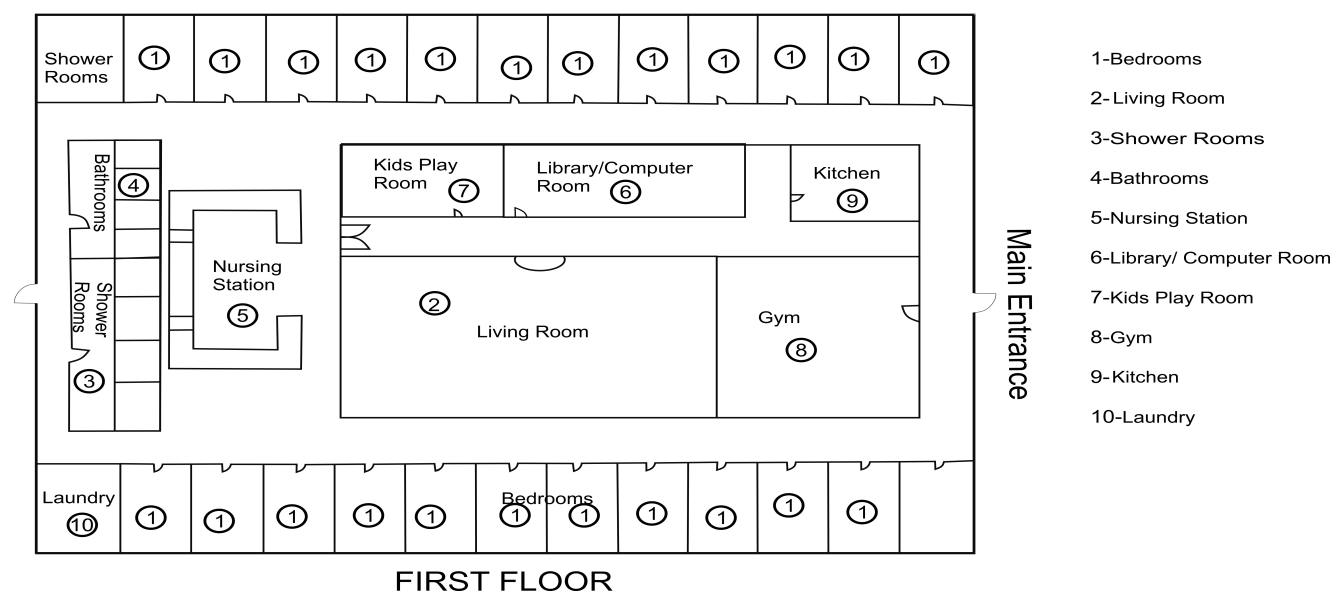
After being inspected , according to the report presented by our **Architect and Constructor** , renovation and remodeling works of the existing facility to be purchased may be concluded in a time frame of about six months . This facility is expected to offer shelter services with 24 1BR of a size of 200 SF each and 24 beds to homeless and at risk-homelessness pregnant and moms with SUD and their child (ren). The option of remodeling will permit to add 6,000 SF to the already existing size of about 10,000 SF. That would bring the total building size to 16,000 SF for Phase (I).

C. Recommended Option that Conform with the Dispositions of Paragraph 8.12. of Federal OPIOID Treatment Standards

The available OTP recommended option that meet the requirements of the dispositions of paragraph 8,12. of Federal OPIOID Treatment Standards for a project deemed to serve the communities in Maryland is to purchase and renovate a 10, 000 SF propriety sits on 5.44 acres. This option divides the project in two phases. Phase (I) is a priority as it conforms with the short-term operating component to be launched soon after the renovation and construction works are completed. Phase (II) is a long-term project to be considered after the phase (I) project and operations have been established . Phase (I) will include renovation of the existing building of 10,000 SF and the extension of additional 6 ,000 SF to sit 24 BRs and 24 beds. Phase (I) also will concern of renovating the parking lots of approximately 40 cars. Phase (II) will foster for the expansion of the site. At the present time, phase (II) is out of our budget. Phase (II) will concern of constructing a facility of 30,000 SF on approximately 200,800 SF. Phase (II) will be adding 26 units of 1BR of 300 SF each. Phase (I) reserves 6, 000 SF to sit 24 units of 1 BR of 300 SF each and 24 beds to benefit homeless and at risk - homelessness mothers , pregnant and postpartum women with SUD . Phase (I) also reserve 1000 SF gymnasium for behavioral health therapies and several thousands SF building support space . Site support will include surface parking for staff and visitors .

This option is recommended as the most cost-effective solution for meeting the current needs of the project, while providing a site that can accommodate future growth. This option will best serve the concerned public and OHRA system for current and long term needs.

Several possible sites for this project have been explored . Confirming with the State of Maryland Regulation related to OTPs , the OHRA Board of directors have highly recommended this facility since it is located near Highway Route I-100; I-295; I-695; and I-95. The facility is well served and such a corridor would provide good public access for the residents of Baltimore City, Baltimore County, Howard County, Frederick , Anne Around County, and others.



G. Project Schedule

Given the occurrence of change in the methods of property acquisition, the project schedule previously submitted is no longer relevant. The current project schedule will start running one day after the closing date. Preliminary project schedules have been developed assuming that the site acquisition process is completed without unanticipated delays. According to the current schedule, we believe funding would be secured before the end of November 2020, and property acquisition process should be completed as soon as funds are secured. Preliminary plans are expected to be completed by the end of January 2021. Renovation and extension documents, including bidding, will be completed by beginning 2021, with renovation and extension works scheduled to start by the end of February 2021. Completion of the renovation and extension of the facility is scheduled November 2021.

H. Project Ranking

According to the National Institute on Drug Abuse, Maryland ranks in the top five in the nation for opioid-related overdose death rates with the largest increase attributed to cases involving synthetic opioids (mainly fentanyl). The OPIOID Project was ranked to be a priority in the Maryland. Having a modernized facility that integrates behavioral health, primary care and residential treatments, social works, self-sufficient income programs, self-efficacy, and much more would be a part of response to build capacity within communities to help deal with the growing opioid issues throughout the state. Because of its importance, Orpe Human Rights Advocates will partner with Substance Abuse and Mental Health Services Administration (SAMHSA), and other partners to establish an educational model expected to successfully deliver training to Maryland communities struggling with behavioral health disease. During the conduct of needs assessment, it was observed that there exist gaps in understanding the opioid crisis and available resources to help or get information out. We understand that the overarching goal of this Project of Construction of the Facility is to strengthen the understanding of the epidemic, designing preventive strategies and therapeutic remedies to eliminate dependency on substance in pregnant and postpartum women with SUD. For the government of Maryland to be successful in its search of remedy in regard of pregnant and postpartum women with SUD, there is an urgent need of the construction of the new building so staff and researchers of the Orpe Human Rights Advocates would have relevant space where they will be able to conduct cutting-edge research.

I. Value of the Property

The total value of the property that includes 10,000 SF building, plus improved land of a size of 2.79 ACRE, plus additional improved land of a size of 2.57 ACRE is evaluated at \$1,795,000. The total property is being sold at \$879,000.

III. PROJECT OPERATIONAL DIMENSIONS

A. OHRA's Opioid Treatment Model - A Blueprint for More Innovative and Integrated Service Delivery

OHRA's Hubs will be offering intensive treatment for complex addictions. Hubs are Opioid Treatment Programs, with expanded services and strong connections to area satellites. We expect of creating 6 Hubs in Maryland. Each Hub is the source for its area's most intensive opioid use disorder treatment options, provided by highly experienced staff. Each Hub may have satellites.

Hubs will be offering the treatment intensity and staff expertise that some people require at the beginning of their recovery, at points during their recovery, or all throughout their recovery. Hubs provide daily medication and therapeutic support. Patients receiving buprenorphine or Vivitrol may move back and forth between Hub and Satellite settings over time, as their treatment needs change. Hubs offer all elements of Medication Assisted Treatment, including assessment, medication dispensing, individual and group counseling, training, self-sufficient income, and more. In addition, Health Care supports are made available at Hubs through the Hub & Satellites staffing and payment model. These include case management, care coordination, management of transitions of care, family support services, health promotion, and referral to community services.

In addition to treating their own patients, Hub staff will be offering trainings and consultation to the Satellite providers. Satellites will be providing ongoing treatment in community settings. Satellites are office-based Opioid Treatment settings, located in communities across Maryland.

At many satellites, addiction care is integrated into general medical care, like treatment for other chronic diseases. The satellites are mostly primary care or family medicine practices, and include obstetrics and gynecology practices, specialty outpatient addiction programs, and practices specializing in chronic pain.

Prescribers in satellite settings are physicians, nurse practitioners, and physician's assistants federally wavered to prescribe buprenorphine. They may also provide oral naltrexone or injectable Vivitrol. People with less complex needs may begin their treatment at a satellite, other patient transition to a satellite after beginning recovery in a Hub. Satellite care teams include one nurse and one licensed mental health or addiction counselor per 100 patients. These satellites staff provide specialized nursing, counseling and care management to support patients in recovery, this staff assures team-based care and helps primary care providers balance MAT patient care with the needs of their full patient panel. The satellites

We will be working with the State to oversee the program, supplemental funding, quality and measurement support. The Hub & Satellite concept was first introduced by John Brooklyn, MD. This model was used by the state of Vermont through Blueprint Health.

OHRA Model will be based on a coordinated system that incorporates the Department of Health Access, and the Maryland Department of Health's Division of Alcohol and Drug Abuse Programs. OHRA will be working with the State of Maryland to pay for Hub and Satellite services via Medicaid.

OHRA principal Hub will be providing oversight for the program, helping communities monitor treatment needs, wait list length, average time to treatment, and performance. OHRA will be providing each Maryland community with a data profile showing Hub & Satellites patient demographic data and key program measures, to support data-driven quality improvement.

Expected Evidence-based Program Impact

OHRA reasons to believe that access to treatment will be growing, and more people will be participating in OHRA program. OHRA will be using claims and clinical data to evaluate program impact and program costs. OHRA will be working with other state agencies to incorporate additional data, such as Corrections data, into its evolution.

B). Hubs and Satellites: OHRA OPIOID Use Disorder Treatment Model

1) Hub and Satellites is OHRA 's Model of Medication Assisted Treatment , supporting people in recovery from opioid use disorder . The expected Residential and Respite Facility will serve as a Regional Hub. The Hub is expected to be the central facility that coordinate care and promote and control the satellites that offer daily support for patients with complex addictions . OHRA is expected of creating several local satellites . Doctors , nurses , and counselors will be offering ongoing opioid use disorder treatment fully integrated with general healthcare and wellness services . This framework efficiently deploys opioid use disorder expertise and helps expand access to opioid use disorder treatment for Marylanders

2) Medication Assisted Treatment : The Evidence -Based Approach to Opioid Use Disorder Medication Assisted Treatment (MAT) uses medication such as methadone and buprenorphine , as part of a comprehensive opioid use disorder treatment program that includes counseling . Medication Assisted Treatment is not the only treatment for opioid use disorder , but it is the most effective treatment for most people . It is supported by the American Medical Association , the American Academy of Addiction Psychiatry , and the American Society of Addiction Medicine . Federal regulations designate two settings where Medication Assisted Treatment can take place , Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) settings . OHRA takes this structure as a starting point, and strengthens and connects the elements.

C.. Current OHRA Operations

The Orpe Human Rights Advocates programs and activities currently operates in a rented facility owned by Summit Ministry Center . We will be providing comprehensive and supportive services surrounding around four pillars : advocacy ; crisis intervention and prevention (services for homeless , suicide prevention ...); empowerment and training (create opportunity for self- sufficient income); and comprehensive supportive services . 1) In the area of advocacy , we advocate and defend the interests of individuals and families who cannot assert their own fundamental rights ; 2) we promote programs that empower mentally distressed peoples and peoples living in hardship become financially self - sufficient ; and 3) providing comprehensive and coordinated services delivery within the community and encourages the elimination of social injustice.

Our ministry of “Restoring human Dignity” has already impacted the life of several families and individuals who sought relieves through prayers and our services . We provide families and individuals with the ability to realize their true potential . We pretend also to impact the life of volunteers , social workers , and advocates , giving them a meaningful outreach right in their own communities . With the construction of new facility , OHRA will be extending its programs and services and get more positive outcomes.

With the new facility , we’ll be providing more positive response to the question of self-sufficient income , which is one of the serious causes that drive women , pregnant and postpartum women in the path of dependency in the use of substance . Insufficient -income is also the cause number one that drive families individuals in the state of homelessness . To constraint this infernal circle, with the new facility, OHRA will be offering training programs involving personal development , spiritual development , career development , vocational education , professional development , entrepreneurship , and executive and leadership development. Program also connects treatment to social services.

Our goal is providing a one-stop safe place where patient with SUD would find response and remedies to all of the issues that had caused them get involved in the substance abuse dependency . And for low income client, to be a one- stop safe place where client would find response to legal, financial, psychological , health, spiritual , and professional hindrances that hold her /him back from making a move from the status of insufficient income to the status of sufficient income .To make it easy to understand our mission , we have developed websites in a logical format that explain what we do and the ways we operate in order to accomplish our mission . We invite you to explore the level of services and programs we provide in our websites at www.orpe.us /www.ohra.in

Table 2 provides a detailed description of Orpe Human Rights Advocates' current services offered, and the planned case types to be handled in a new facility.

Table 2

Service / Case Type	Current Services	Future Services to be Provided in New Facility
Residential Treatment & Respite services for Mothers ,Pregnant and Postpartum Women with SUD and their Children	N/A	Provide integrated behavioral and physical health care; residential outpatient support; after care support ; & coordinate with welfare system. Shelter for homeless/At-risk homelessness
Behavioral Treatment and Modifications	N/A	Provide drug/alcohol screening and assessment , crisis intervention , group therapy , one-on- one counseling; and professional training.
Primary Care for Underserved and Uninsured	N/A	Provide nondiscriminatory primary care, with a focus on underserved communities . Health insurance; Pharmacy, Dental services.
HIV care. Infection disease	N/A	HIV testing , prevention , care , and treatment . Provide essential outreach , patient education , case management and care coordination
Case Management	N/A	Assess client needs . Develop strategies to help clients . Mange programs and services that benefits clients. Assign social workers to clients
Comprehensive and coordinated supportive social services	Homeless, housing; eviction prevention	Coordinating with welfare system, housing Authority. Rehabilitation
Legal Services (Legal Aid)		Free Legal Aids . Legal services for victims of human trafficking . Victim of domestic violence . asylum, refugees, immigration
Community Outreach Investment	Assist individuals and families overcome personal challenges to lead productive , healthy lives.	Assist individuals and families overcome personal challenges to lead productive , healthy lives.
Training & Education:- knowledge & skills development	Self-leadership, career path, entrepreneurship skills, social enterprises	Executive and leadership development training. Career development ; entrepreneurship skills development
Self-Sufficient-income programs	Promote programs that empower low-income individuals become economically self-sufficient	Promoting programs that empower homeless, low-income clients become economic self-sufficient.- (Social enterprises, entrepreneurship)
Assisting undeserved group	Immigration Legal Services.	Immigration legal services , reintegration assistance , health care for uninsured , asylum , refugees , social services , interpretation and document translation services
Assist Homeless People	Work to prevent and end homelessness through a range of supportive services including eviction prevention , emergency services , transitional housing and permanent affordable housing . Once we engage homeless individuals , including families with children, we stay with them for as long as it takes to return them to self-sufficiency.	
Veteran programs	N/A	Case management, reintegration, supportive services for vet families, moral injury repair, PTSD, employment services, training
Services for disadvantaged and disconnected children and youth	N/A	Crisis prevention, early intervention, crisis intervention, long-term services
Liaison Parole Officers. Collaboration with District Attorney	N/A	Collaborate with District Attorney . Supervise client offenders who have served prisons , but who have paroled or released . Investigate clients offender 's personal and criminal history

A. Analysis of Options

This section reviews the costs, advantages, and disadvantages of the alternatives. Since it is difficult to predict the economic environment for the next coming years, the following assumptions were made:

- It is understood that the actual results could change, depending on the economic environment, the OHRA's actual conditions, and when the actual solution is implemented. The estimates were developed by applying current cost rates and using the best estimated projected cost rates.
- The facility is proposed to be constructed on a 217,800 gross square feet.
- For the purpose of calculating the cost analysis projections, a uniform inflation rate of 5% was used throughout the time studies for 2020 and 2021. The percentage rate increase remained unchanged during the study period.
- The economic analysis is based on a conceptual cost estimated and on a hypothetical building. Therefore, it does not represent a specific construction type, the use of specific building materials, or a predetermined design. The analysis is based on a series of set performance criteria required for buildings of similar type and specifications.
- The estimates do not include costs such as utilities and facilities maintenance. All options would have similar expenses in these areas.
- For each alternative, the OHRA would construct a new facility financed by a capital-outlay project that would be paid for in its entirety.
- Swing space would be necessary to implement any of the chosen option or for the continuity of our activities. However, as our organization is at its beginning stage, the above stated activities will only start fully operational on October 2021, date of which the building is expected to be ready for operations. During the phase (I) of renovating of the existing facility, our activities will be very limited as our resources will be very limited. Our strategy will be focused on the renovation and extension of the facility.
- Leasing was not considered a feasible option for the needs of this project.

B. Chosen Option

This option is to purchase an existing property of 10,000 SF to be renovated and to be extended with additional 4,800 SF on 217,800 SF. Phase (I) is expected to commence soon after the funds are made available. The process of extension is expected to start as soon as the awarded funds are made available. The duration of completion of the phase (I) is expected for 8 months. The duration will be ignited starting the date of award.

Chosen Option Advantages

- Lowest long-term overall cost related to the other alternatives that requires preparation of the land before construction.
- The most cost effective space for organization operations in an energy efficient and secure building.
- Improves the organization's internal operational functionality.
- Expresses the level of the organization's importance to the community.
- Meets current and projected near-term requirements thereby providing Maryland and resident one of the efficient service and access to substance abuse treatment for women with SUD.

Chosen Option Disadvantages

- This option may requires supplemental funding. The total cost of the building is \$879,000. The renovations and extension will require additional \$880,000.

The recommended solution to meet the program facility needs is to construct a new facility that meet the requirements of integrated behavioral and health care and temporary residential treatment center and respite facility for postpartum women with SUD and their infants. The following section outlines the components of the recommended project including : project description, project space program, program organization, parking requirements, site selection and issues, estimated project cost, and estimate impact on the OHRA's support budget.

III. Project Description

The project includes 24 units to benefit homeless / or at-risk homelessness , administrative space , behavioral and primary care, security operations and holding , and building support space , self- sufficient income programs , training space , hospitality , coordinated supportive services , and legal services . Site support will include surface of approximately 40 cars parking for staff and visitors The proposed building will be approximately 16,000 Gross Square Feet.

This residential facility on more than 5 acres would make an perfect match facility for implementing the Residential and Respite Treatment Facility to ignite the Project "Pregnant and Moms with Substance Use Disorders and their Infants ". Attached to the large main residence is a nearly 1500 SF glass -roofed atrium that will be adapted to accommodate professional skills development training programs and conference rooms for psychological and spiritual therapies. The main residence offers a total of 12 large rooms : 9 large rooms will serve for integrated behavioral health and primary care services . 3 will be used to set offices for case managers and social workers . The 2445 SF down level with restrooms and wet bar will be adapted for front desk and registration services (600 SF); waiting room (800 SF), and pharmacy (1000 SF). The two -story living room with balcony will be converted to administrative offices , which adjoins the atrium , would be an ideal multipurpose room for overflow , classes , conference , and meetings .The circular drive and large garage offer more than 20 parking spots , with overflow parking available on the street and on the grassed yard . Over 10,000 SF: first floor 2490 SF , second floor 1804 SF , third floor 1412 SF , down level 2445 SF , atrium 1482 SF , 1470 SF to be adapted for hospitality (restaurant , commercial kitchen , vending machines) served . Anne Arundel County zoning permits a religious worship or residential use in R1. There are two additional vacant parcels included in the sale : Tax ID 020541214030300 and Tax ID 020541290043977 , adding ~2.54 acres to the existing ~2.79- acre improved parcel . City water and septic

A. Space Management

OHRA have collaborated to purchase an existing facility to be renovated and extended. The existing building has a size of 10,000SF. The extension has approximately 6,000 SF. Property is sit on 217,800 SF. The building standards of 16,000 SF have been met in this recommended project, due to the inclusion of services necessary to support the functioning of the project proposed herein. The space program summary is provided below in Table 6, and the detailed list of spaces is provided in Table 7.

Table 6
Space Programs Summary

Division or Functional Areas	CGSF*	Units	BGSF**
24 Units -1BR Residential and Respite Center for Postpartum Women with SUD	300	24	7,200
Administration	2134	1	2134
Supportive Services.	1050	1	1050
Public	1000	1	1000
Hospitality	939	1	939
Behavioral Health & Primary Care Facility	2940	1	2940
Self-sufficient Income Programs: Training, Entrepreneurship, Social Enterprise	2700	1	2700
Building Operations.....	16,000		16,3
Subtotal.....			
Building Grossing Factor.....			
TOTAL Building Gross Area.....			

* CGSF = Component Gross Square Feet

** BGSF = Building Gross Square Feet

Table 7
Description of Footage per Program

Space Type/Component Name	Area Standards	Units	Net Area	Comments
b). RESIDENTIAL & RESPITE FOR HOMELESS / AT- RISK HOMELESS WOMEN WITH SUD AND THEIR INFANTS				
1. Postpartum women.	300	8	2,400	8 units equal 8 bedrooms of 300 square feet of size
2. Pregnant women.....	300	8	2,400	8 units equal 8 bedrooms of 300 square feet size
3. Women Mothers.....	300	8	2,400	8 units equal 8 bedrooms of 300 square feet of size
4. Staff/Reception/Waiting Room...	100	1	100	Gymnasium serve therapeutic purpose. An experimented tool of treating people with OPIOD/ substance abuse disorders
6. Medicines Locker Room .	100	1	100	
7. Computer Labs for Employment Search	150	1	150	No medics will be allowed in the rooms. Clients will be assigned a lockers in the med room where trained Rehab Specialist will be storing client 's medications . Trained Rehab Specialists will have the duty of monitoring client's medics, times, and dosages. Note: Schedule (2) medics will be stored in a different locations and will be provided additional security features.
8. Multipurpose Conference Room.....	200	1	200	
9. Family Room	200	1	200	
12. Restrooms for Ladies.....	60	4	240	Note. Part of HRA mission is promoting programs that empower low-income or people in poverty become financially self-sufficient.
13. Shower Room for Ladies	60	4	240	
Net Area Subtotal.....			8,430	
Departmental (Component) Area (5%)...			266	
Subtotal Component Gross Square Feet (CGSF)			8,636	
<hr/>				
Staff Subtotal			20	
<hr/>				
c). ADMINISTRATION				
1. Administrator Office.....	200	1	200	
2. Supervisors Office.....	100	3	300	
3. Crisis Hotlines	48	3	144	
4. Employee Workstations	48	10	480	
5. Accounting Workstation	48	1	48	
6. Window Counters with workstations	64	1	64	
7. Collections Unit Counter	64	1	64	
8. Workroom/Storage	150	1	150	
9. Active Records Storage.....	150	1	150	E- files converted to movable high density
10. Video-Conference Room (16 pp)	244	1	244	
11. Evidence/Exhibit Storage	100	1	100	
Net Area Subtotal.....			1,944	
Department Component Area (10%)			194.4	
Subtotal Component Gross Square Feet (CGSF)			2,138	

2 Story Building				
Space Type/Component Name	Area Standards	Units	Net Area	Comments
d). COORDINATED SUPPORTIVE SERVICES				
1. Office of Advocates (Social Works)	100	2	200	
2. Case Managers.....	100	4	400	
3. Office of Legal Services.....	150	3	450	
Net Area Subtotal.....			1050	
Departmental (Component) Area (10%) ...			60	
Subtotal Component Gross Square Feet (CGSF).			1050	
Staff Subtotal			0	
e). PUBLIC				
1. Entry - Queue Area	14	4	56	queuing for 4p
2 Weapons Screening Station	100	1	100	
3. Security/Control Room	100	1	100	
4. Main Lobby includes Information/Kiosk Counter	14	20	280	
5. Public Restroom: Male.....	100	1	200	Size to be determined per code
6. Public Restroom: Female.....	100	1	200	
Net Area Subtotal.....			936	
Departmental (Component) Area (5%) ...				
Subtotal Component Gross Square Feet (CGSF)			1076	
			0	
e). HOSPITALITY				
2. Kitchen.....	200	1	200	
3. Food Storage .	100	1	100	
4. Eating Area.	12	18	216	
5. Coffee/Snack Area	115	1	115	
6. Restroom: Male.....	100	1	100	
7. Restroom: Female	100	1	100	Exact size to be determined per code
Net Area Subtotal			831	
Department (Component) Area (15%)			126	
Subtotal Component Gross Square Feet			956	

Space Type/Component Name	Area Standards	Units	Net Area	Comments
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g). BEHAVIORAL HEALT & PRIMARY CARE

1 . Reception/Front Desk Area.....	40	4	160	
2. Waiting/Multipurpose Area	20	10	200	No staff, but need waiting/reception area; 30 pp
3. Medical Team Workstations	48	5	240	
4. Consultation/Examination Rooms	150	2	300	
5. Treatment/Dressing/injection (10 pp).....	150	2	300	Psychiatrist, Psychologist, primary care, infection disease
6. Physician Offices.	100	4	400	
7. Video Conference Room (7 pp)	375	1	375	No staff, but need video conference room
8. Laboratory.....	150	1	150	Blood works, HIV testing,...
7. Children Waiting.....	200	1	200	No staff person; child waiting room; 5 children
8. Pharmacy	700	1	700	

Sub-total **2,915**

i). SELF-SUFFICIENT INCOME THROUGH EDUCATION, TRAINING, & SOCIAL ENTERPRISES

1. Training Room (A)	15	20	600
2. Spiritual Empowerment Room.	15	100	1,500
3. Computer Lab	15	20	300
4. Library	300	1	300

Net Area Subtotal.

Departmental (Component) Area (0%) ...

Subtotal Component Gross Square Feet (CGSF).

2,700

Space Type/Component Name	Area Standards	Units	Net Area	Comments
i). BUILDING OPERATIONS				
1. Telephone / Data Room.				
2. Mechanical Room.				detailed to be determined in preliminary design
3. Mechanical Room				
4. Electrical Room				
Departmental (Component) Area () ...				
Subtotal Component Gross Square Feet (CGSF)		600		

II). TOTAL SQUARE FOOTAGE & STAFFING

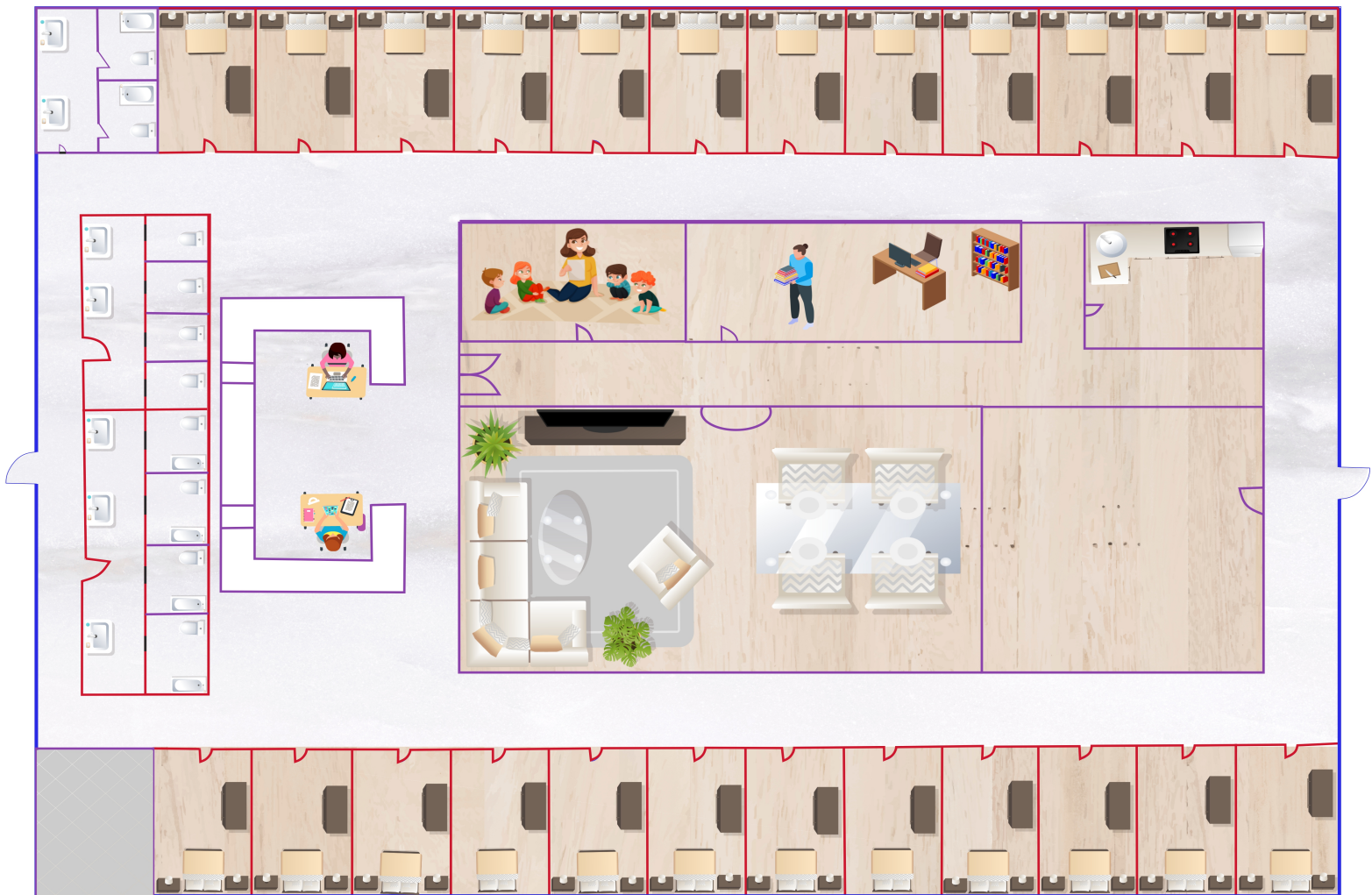
a). Net Area	16,000
b). Component Gross Square Feet @ 5% (CGSF)	500
c). Building Gross Square Feet @ 30% (BGSF) ...	16,500

2 Story Building

Space Type/Component Name	Area Standards	Units	Net Area	Comments
k). SITE				
a. Trash Recycling Area-Exterior				
b. Secured Parking for Staff				20-30 cars
c. Public Parking...				

D. Facility Organization

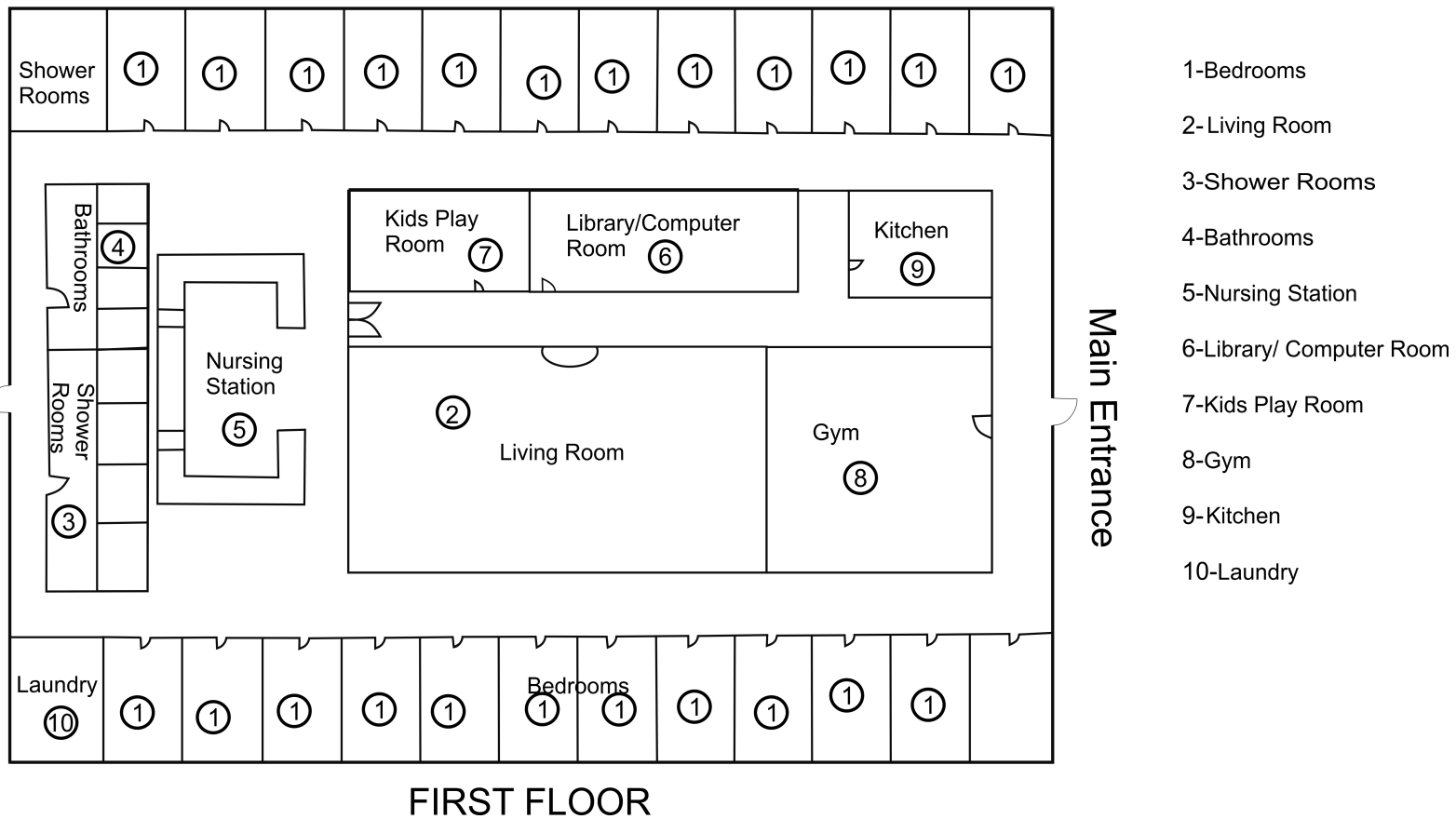
24 Spacious Rooms and 20 Beds



**Residential Facility
First Floor**

E. Parking Requirements

Local development regulations—for Washington County—mandate a minimum parking ratio for commercial properties of one car per 250 gross square feet of building area. For this project, the OHRA is seeking to comply, as closely as possible, with local parking regulations, in addition to providing all required parking spaces on site. For the new facility, adequate parking would be approximately 80 to 100 spaces. For purposes of cost estimating, it is assumed that these spaces will be provided in a surface lot. There is no expectation of having a parking structure or underground.



Key to Site Symbols				
5	Amenities within 1/4 mile	Amenities just adjacent	Amenities within 1/4 mile	Must drive to amenities
6	Potential space for OHRA Partners to find / build space	Space within a few blocks	Space a short drive away	Space requires long drive
7	Hydrology issues (wetlands, floodplains, dams, drainage)	No hydrology issues	Hydrology issues may be mitigated	Significant hydrology issues
8	MEPA remediation potential	Probable MEPA negative declaration	Potential MEPA mitigated negative declaration	Probable EIR required
9	Re-adaptation of existing structures	No demolition	Minor demolition	Minor demolition
10	Topography	Flat site	Minor sloping site	OHRA site
11	Utility infrastructure nearby	Probable utilities at adjacent street	Utilities may be nearby, not adjacent	Utilities probably not nearby
12	Neighborhood compatibility	OHRA definitely fits surrounding use	Programs may fit surrounding use	Program does not fit surrounding use

L. Design Criteria Taken in Consideration

Per the Orpe Human Rights operational standards, expected facility will be designed to provide long-term value by balancing initial construction costs with projected life cycle operational costs. To maximize value and limit ownership costs, the standards require architects, engineers, and designers to develop building components and assemblies that function effectively for the target lifetime. These criteria provide the basis for planning and design solutions. Based on the OHRA operational standards, the new building would be constructed at approximately 28,157 square feet.

M. Sustainable Design Criteria Taken in Consideration

Per the Orpe Human Rights Advocates operational standards, architects and engineers will be focusing on proven design approaches and building elements that improve programs facilities for building occupants and result in cost-effective, sustainable buildings.

N. Estimated Project Cost

The total project cost estimate of the recommended project is provided in Appendix B.

Since the project proposal herein submitted as a basis for the appropriation for land acquisition and preliminary design in the FY 2019 -2020 Budget Act, changes have occurred to cause an increase in overall project cost. The OHRA project proposal has subsequently been revised since the November 2019 submittable as the components incorporated in the previous proposal are no longer valid due to the increase of the values of the programs to be implemented within the scope of this project. The following sections provide clarification on the modifications that have taken place.

O. Change in Building Size

In the previous project proposal, the determination of the proposed square footage of the building was based on a generic ratio of 30,000 square feet total. Based on meetings with the project's local advisory group, OHRA staff developed a detailed space program specific expected to meet needs for which this project is expected to be funded for. To be realistic, Residential Treatment and Respite Facility to treat people with substance abuse disorders requires innovative programs and adequate footage building that will support programs such as: behavioral health treatment, primary care treatment, coordinated supportive social services, programs that empower consumers become financially self-sufficient income after their the recovery which include but not limited to training, educational re-qualification programs, career development, social enterprise, and entrepreneurship programs. Given the change that occurred in method of property acquisition, it was decided to divide the project in 2 phases: phase (I) will be dealing with the purchase of 10,000 SF sitting on 2.79 acre and its extension by 6.000 SF. Phase (II) will deal with the construction of 30,000 SF building on 2.54 acre.

P. Change in Project Unit Costs

The costs per square foot of the proposed building, site, fixed furnishings and equipment (FF&E), data, telephone, communications, and security equipment have all increased, based on the results of studies recently completed. The studies, conducted by eight different architectural firms and their cost-consultants, revealed unit costs higher than last year's base costs derived by OHRA staff. These increases in costs—considered justifiable by OHRA staff—accurately reflect both escalation and market forces in the Maryland industry at this time. The increases in costs per square feet are shown below in Table 10

Change in Project Unit Costs from FY 2019–2020 to FY 2020–2021

	<u>Unit Types</u>	<u>FY 2019 -2020 Costs</u>	<u>FY 2020-2021</u>
		<u>Per Square Foot</u>	<u>Costs Per Square Foot</u>
Table 10	Building	\$ 280	\$ 335
	Site	10	18
	FF&E	20	30
	Data/Tel/Com/Security	<u>10</u>	<u>12</u>
	Total	\$ 320	\$ 395

Q. Change in Soft Costs

Project soft costs for FY 2019–2020 were based on a general percentage of 31 percent of non-escalated construction costs.

R. Property Acquisition Costs

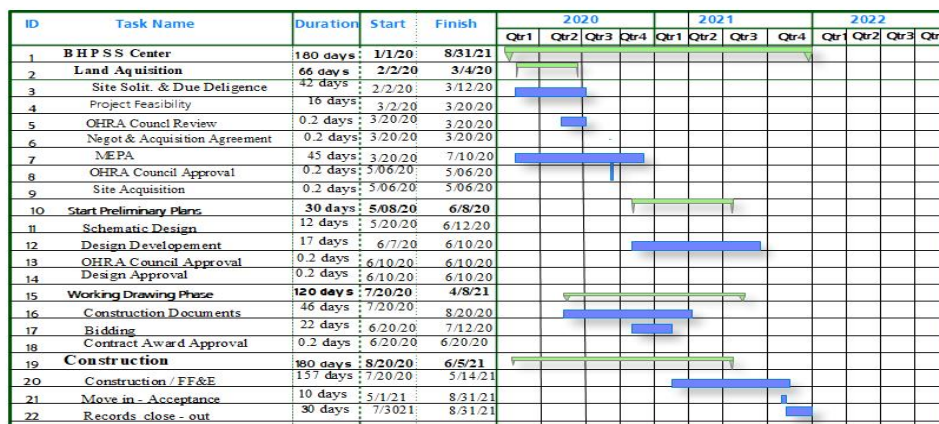
The Anne Arundel County has been experiencing extraordinary increases in land and property prices, depending upon location. The land value for FY 2019–2020 ranged between \$100 and \$200 per square foot. This year's prime sites are already as high as \$154 to \$200 per square foot.

In an effort to purchase the property located on 823 Main Avenue, Linthicum, MD 21090; its owners have donated to a purchaser nonprofit 50% of the sale amount that has reduced the cost of property at \$879,000. There are two additional vacant parcels included in the sale: Tax ID 020541214030300 and Tax ID 020541290043977, adding ~2.54 acres to the existing ~2.79-acre improved parcel. City water and septic. Closing is expected to take place as soon as the funds are made available.

S. Project Schedule

Preliminary project schedules have been developed assuming that the site acquisition process is completed without unanticipated delays. According to the current schedule provided below as Figure 16, funding will be secured by the end of November 2020, and land acquisition — including MEPA — will be completed in July 2020, with preliminary plans completed in August 2020. Construction documents, including bidding, will be completed in September 2020, with construction scheduled to begin in August 2020. Completion of the facility is scheduled for July 2021.

Figure 16
Project Schedule



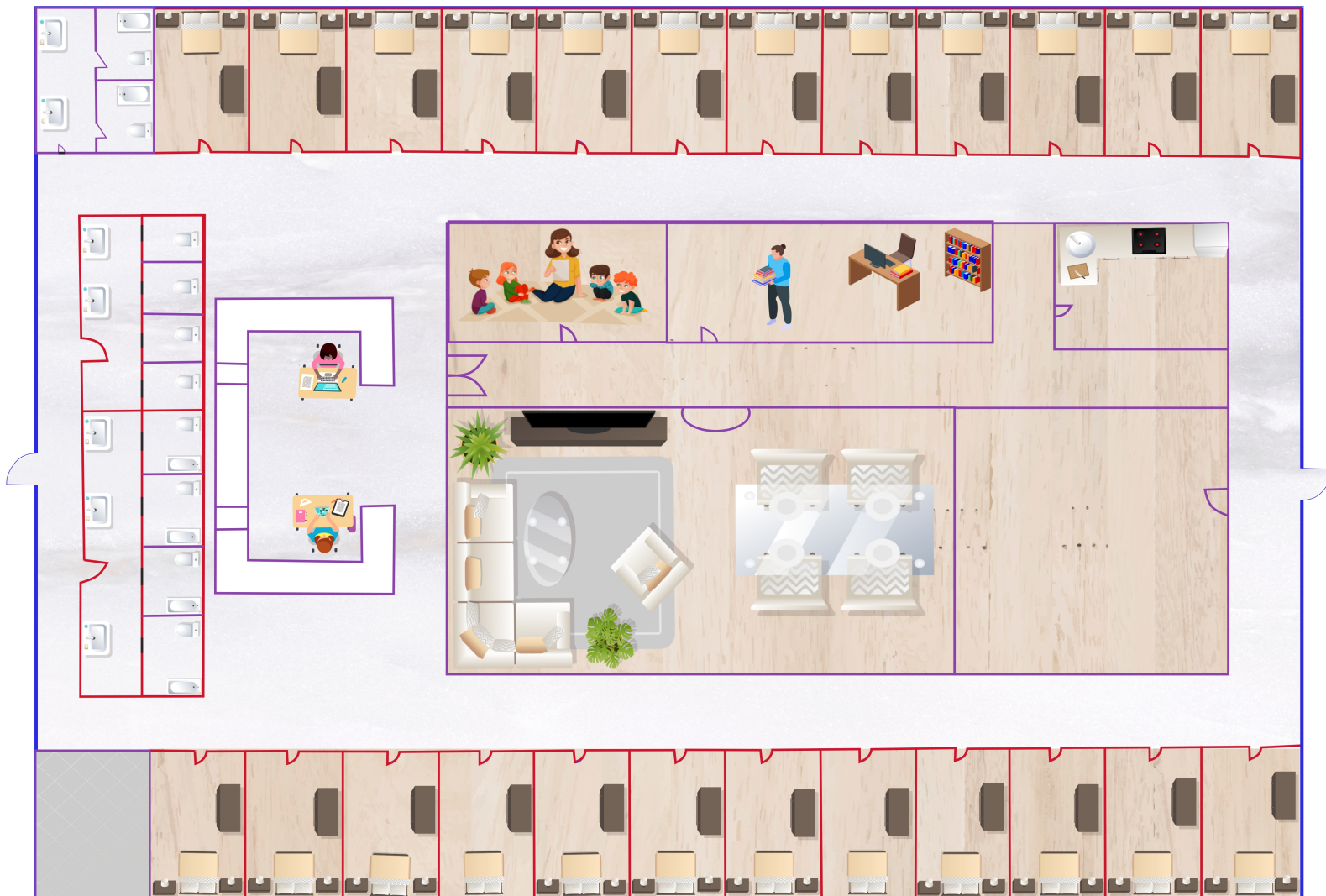
T. Impact on CDHC's FY 2020–2021 Support Budget

Impact on DHCD's support budgets for FY 2020–2021 will not be material. It is anticipated that this project will impact DHCD support budget in fiscal years beyond the current year as certain one-time costs and ongoing costs are incurred. These costs, which are directly associated with the construction and commissioning of the new facility for residential treatment and respite for women mothers, are included in the estimate of project cost that precedes this section. In the long term, a facility will be more efficient to operate—due to improved systems and use of space—resulting in lower operating costs per square foot. As staff increases to support increased caseload people with OPIOID disorders, staffing costs will increase over current numbers.



MASTER PLAN

The Facilities Master Plan prepared for Residential Treatment and Respite Facility, built upon the Task Force finding. The goal of the master plan was to develop a practical, cost- effective, a framework for phased facility improvements to meet anticipated operational and service needs . The master plan presented the facilities options and made recommendations.



**Residential Facility
First Floor**

RECOMMENDED PROJECT COST ANALYSIS

Increased Demand for Industrial Spaces Impacted the Cost of Land Acquisition

As the rise of e-commerce giants such as Amazon and Blue Apron increases, the demand for new industrial spaces across the country continues to grow. Because of the heavy demand, the cost to rent industrial spaces is extremely expensive, with some spaces costing as much as \$88 per square foot. OHRA is purchasing 43,560 square feet from the Summit Ministry Center at the cost of \$22 per square feet.

Due to the reliance upon more expensive materials (such as steel), a larger industrial space will cost more to construct at the outset; however, the cost per square foot will be more attractive to new clients.

OHRA Team Recommends Modular Options for the Construction of OHRA Facility

With today's ever-increasing popularity to comply with environmentally -friendly designs, modular construction options remain a popular choice for commercial construction. These green options consist of pre-fabricated pieces of a building, which are built off-site and consequently lead to minimal site disruption, as well as an efficient construction completion. The price of modular commercial construction vary substantially, from costs ranging from \$30 per square foot to as much as \$100 or more per square foot.

On a national scale, modular construction costs average between \$35,000 and \$200,000. Research has shown that the cost of modular commercial construction across the country may be impacted by the labor shortage and cost of construction materials. However, since the site for construction is shorter, the expenditures for skilled laborers will be less costly than in other project.

The following tables include the construction and the project cost estimates for the recommended capital-outlay project.

Income Related to 24 Units of 1BR Project to Benefit Homeless /or At Risk-Homelessness Pregnant, or Women with SUD and their Infants

❖ RESIDENTIAL RENTAL INCOME

♦ Low Income Units										
Median Income	# Units	#Bed rooms	#Bath rooms	Sq Ft (net leasable)	Tenant Utilities	Contract Rent	Rent Subsidy	Monthly Income	Total Monthly Income	Total Annual Income
<=30% AMI	24	1 BR	1.0	300	\$0	\$500	\$500	\$1,000	\$24,000	\$288,000
Total :	24			7,200					\$24,000	\$288,000
Vacancy Allowance (Total Annual Income x Vacancy Rate)									0.00 %	\$0
Effective Gross Income/Low Income Units (Total Annual Income - Vacancy Allowance)										\$288,000

♦ Tenant Paid Utilities : ☐ Gas ☐ Electric ☐ Heat ☐ Water ☒ Other

♦ Market Rate Units						
# Units	#Bed rooms	#Bath rooms	Sq Ft (net leasable)	Contract Rent	Total Monthly Income	Total Annual Income
Total :						
Vacancy Allowance (Total Annual Income x Vacancy Rate)						0.00 % \$0
Effective Gross Income/Market Rate Units (Total Annual Income - Vacancy Allowance)						\$0

❖ NONRESIDENTIAL SPACE

Type	Description	Square Footage	Number	Monthly Income	Total Monthly Income	Total Annual Income
Total Square Footage:				Total Annual Income :		
Vacancy Allowance (Total Annual Income x Vacancy Rate)					0.00 %	\$0
Effective Gross Income/Nonresidential Income Units (Total Annual Income - Vacancy Allowance)						\$0

❖ OTHER INCOME SOURCES

Type	Write in type / description	Total Monthly Income	Total Annual Income
		Total Annual Income :	
Total Effective Gross Income		\$288,000	

Expenses Related to 24 Units of 1BR to Benefit Homeless /or At-Risk Homelessness - Pregnant, or Women with SUD and their Infants

♦ Administrative	Annual Amount	Per Unit
Advertising and Marketing	\$6,000	\$250
Office Salaries	\$180,000	\$7,500
Office Supplies	\$8,000	\$333
Office or Model Apartment Rent		
Management Fee	\$24,000	\$1,000
Manager or Superintendent Rent Fee Unit	\$100	\$4
Legal Expenses	\$2,000	\$83
Auditing Expenses	\$6,000	\$250
Bookkeeping Fees and Accounting Services	\$6,000	\$250
Transportation/Service Coordinator	\$8,000	\$333
High Speed Internet Service	\$8,000	\$333
Bad Debts	\$6,000	\$250
Annual Tax Credit Monitoring Fee	\$14,000	\$583
Other		
Total Administrative	\$268,100	\$11,171

♦ Utility	Annual Amount	Per Unit
Fuel Oil		
Electricity		
Gas		
Water		
Sewer		
Other		
Total Utility	\$0	\$0

♦ Operating and Maintenance	Annual Amount	Per Unit
Janitor and Cleaning Payroll		
Janitor and Cleaning Supplies		
Janitor and Cleaning Contract		
Exterminating Payroll or Contract		
Exterminating Supplies		
Garbage and Trash Removal		
Security Payroll or Contract		
Grounds Payroll		
Grounds Supplies		
Grounds Contract		
Repairs Payroll		
Repairs Material		
Repairs Contract		
Elevator Maintenance or Contract		
Heating and Air Conditioning Maintenance or Contract		
Swimming Pool Maintenance or Contract		
Snow Removal		
Decorating Payroll or Contract		
Decorating Supplies		

Other		
Total Operating and Maintenance	\$0	\$0

♦ Taxes and Insurance	Annual Amount	Per Unit
Real Estate Taxes		
Payment in Lieu of Taxes		
Payroll Taxes (FICA)		
Property and Liability Insurance (hazard)		
Fidelity Bond Insurance		
Workmen's Compensation		
Health Insurance and Other Employee Benefits		
Miscellaneous Taxes, Licenses, and Permits		
Other		
Total Taxes and Insurance	\$0	\$0

♦ Reserve for Replacement	Annual Amount	Per Unit
Reserve for Replacement		
Total Reserve for Replacement	\$0	\$0

❖ Total Operating Expenses	\$268,100	\$11,171
❖ Net Operating Income (Effective Gross Income - Total Operating Expenses)	\$19,900	

USES OF FUNDS

♦ TOTAL DEVELOPMENT COSTS

Construction or Rehabilitation Costs

Type of Uses	Total Budgeted Cost	Acquisition Basis*	Construction Basis*	Not in Basis*
1 Total Construction Costs	\$1,058,858			\$1,058,858
2 Construction Contingency	\$19,000			\$19,000
3 Other				
4 Other				
Total Construction or Rehabilitation Costs	\$1,077,858	\$0	\$0	\$1,077,858

Fees Related to Construction or Rehabilitation

Type of Uses	Total Budgeted Cost	Acquisition Basis*	Construction Basis*	Not in Basis*
5 Architect's Design Fee	\$14,900			\$14,900
6 Architect's Supervision Fee	\$12,000			\$12,000
7 Architect Reimbursable Additional Design Fee	\$2,462			\$2,462
8 Real Estate Attorney	\$3,179			\$3,179
9 Marketing				
10 Surveys				
11 Soil Borings	\$5,400			\$5,400
12 Appraisal	\$3,000			\$3,000
13 Market Study				
14 Environmental Report	\$174			\$174
15 Permits & Fees	\$4,700			\$4,700
16 Other				
17 Other				
Total Fees Related to Construction or Rehabilitation	\$37,815	\$0	\$0	\$37,815

Financing Fees and Charges

Type of Uses	Total Budgeted Cost	Acquisition Basis*	Construction Basis*	Not in Basis*
18 Construction Interest				
19 Real Estate Taxes				
20 Insurance Premium				
21 Mortgage Insurance Premium				
22 Title and Recording				
23 Financing (soft cost) Contingency				
24 CDA Administrative Fee				
25 CDA Loan Reservation Fee				
26 CDA Closing Fee				
27 Other Lenders' Origination Fees (non-syndication only)				
28 Other Lenders' Legal Fees (non-syndication only)				
29 Bond Issuance Costs				
30 Other				
31 Other				
Total Financing Fees and Charges	\$0	\$0	\$0	\$0

Acquisition Costs

Type of Uses	Total Budgeted Cost	Acquisition Basis*	Construction Basis*	Not in Basis*
32 Building Acquisition	\$823,000			\$823,000
33 Land Acquisition	\$0			\$0
34 Special Assessment	\$2,500			\$2,500
35 Carrying Charges	\$10,000			\$10,000
36 Relocation Costs				
37 Off-Site Improvements	\$8,000			\$8,000
38 Other Escrow	\$15,000			\$15,000
39 Other	\$5,000			\$5,000
Total Acquisition Costs	\$740,080	\$0	\$0	\$740,080

♦ **TOTAL OF Total Development Costs** **\$1,860,753** **\$0** **\$0** **\$1,860,753**

♦ **OTHER USES OF FUNDS****Developer's Fee**

Type of Uses	Total Budgeted Cost	Acquisition Basis*	Construction Basis*	Not in Basis*
40 Fee on Non-Acquisition Costs	\$74,060			\$74,060
41 Fee on Acquisition Costs	\$10,087			\$10,087
42 Other				
Total Developer's Fee	\$84,147	\$0	\$0	\$84,147

Syndication Related Costs

Type of Uses	Total Budgeted Cost	Acquisition Basis*	Construction Basis*	Not in Basis*
43 Syndication Fee				
44 Legal (syndication only)	\$1,000			\$1,000
45 Bridge Loan Fees				
46 Bridge Loan Interest				
47 Organizational Costs				
48 Tax Credit Application Fee				
49 Tax Credit Allocation Fee				
50 Accounting and Auditing Fee	\$6,200			\$6,200
51 Partnership Management Fee				
52 Other				
53 Other				
Total Syndication Related Costs	\$7,200	\$0	\$0	\$7,200

Guarantees and Reserves (funded amounts only)

Type of Uses	Total Budgeted Cost	Acquisition Basis*	Construction Basis*	Not in Basis*
54 Construction Guarantee	\$25,000			\$25,000
55 Operating Reserve	\$10,000			\$10,000
56 Rent-up Reserve				
57 Negative Arbitrage				
58 Tenant/Supportive Services				
59 Reserve for Replacement				
60 Project Reserve Fund	\$16,000			\$16,000
61 Property/Liability Insurance	\$900			\$900
62 Residual Receipts				

63 Rental Subsidy Reserve Fund				
64 Mortgage Insurance Premium				
65 Real Estate Taxes	\$6,000			\$6,000
66 Other 1				
67 Other 2				
Total Guarantees and Reserves (funded amounts only)	\$57,900	\$0	\$0	\$57,900

♦ **TOTAL OF Other Uses of Funds** **\$149,247** **\$0** **\$0** **\$149,247**

USES OF FUNDS **\$2,000,000** **\$0** **\$0** **\$2,000,000**

❖ **MAXIMUM DEVELOPER'S FEE CALCULATION**

	Fee on Costs Over \$10 Million	Fee on Costs \$10 Million or Less
♦ Fee on Non-Acquisition Costs		
Total Development Costs	\$1,850,753	
Less Acquisition Costs	(\$735,080)	
Less Construction Contingency	(\$19,000)	
Less Financing (Soft Cost) Contingency		
Non-acquisition Costs	\$1,096,673	
Lesser of \$10,000,000 or Non-acquisition Costs	\$1,096,673	\$1,096,673
Non-acquisition Fee Basis		\$1,096,673
Fee Percentage	10%	15%
Fee on Non-acquisition Costs		\$164,501
♦ Fee on Acquisition Costs		
Acquisition Costs	\$735,080	
Lesser of \$10,000,000 or Acquisition Costs	\$735,080	\$735,080
Acquisition Fee Basis		\$735,080
Fee Percentage	5%	10%
Fee On Acquisition Costs		\$73,508

Total= **\$164,501**

Total= **\$73,508**

TOTAL DEVELOPER'S FEE

\$238,009

SOURCES OF FUNDS

♦ Debt Service Financing

Types of Funds	Source of Funds	DSCR	Amortization Term	Interest Rate	Loan Term	Annual Payment	Loan Amount
MHRP-MF	DHCD-MF	0.00	0				\$2,000,000.00
Total Debt Service Financing						\$0.00	\$2,000,000.00

♦ Cash Flow Financing and Grants

Types of Funds	Source of Funds	Interest Rate	Loan Term	Annual Payment	Loan/ Grant Amount
Total Cash Flow Financing					

♦ **Total Debt** *(Debt Service + Cash Flow Financing)* **\$0.00** **\$2,000,000.00**

♦ Equity

Types of Equity	Source of Equity	Annual Tax Credit Amount	Amount of Equity
Total Equity			

❖ **Total Sources of Funds** *(Total Debt + Equity)* **\$2,000,000.00**

LOW-INCOME HOUSING TAX CREDIT

❖ SYNDICATION INFORMATION

♦ Name of Syndicator

Contact

Phone

♦ Schedule for Funds to be Paid

Percent Paid	Amount Paid	Date Paid	Condition
%			
%			

❖ ELECTIONS

♦ Minimum Set-aside Election

20% of the units will be occupied by households with income below 50% of the area median

40% of the units will be occupied by households with income below 60% of the area median

♦ Rent Floor Election

The rent floor for the project will be established as of

Date of allocation

Date the project is placed in service

❖ CALCULATION OF TAX CREDIT AMOUNT

♦ Maximum Housing Low-Income Tax Credit Based on Eligible Costs

Acquisition Basis

Construction Basis

Total Uses of Funds		
Federal Grants Financing Qualifying Costs		
Other Non-Qualifying Financing		
Value of Commercial Space		
Non-Qualifying Units of Higher Quality		
Federal Historic Tax Credit		
Adjusted Project Costs		
Adjustment for Qualified Census Tract		
Eligible Basis		
Applicable Fraction		
Qualified Basis		
Applicable Percentage		
Low Income Housing Tax Credit Eligible		

♦ Estimated Low-Income Housing Tax Credit Syndication Proceeds

Amount

Combined Low Income Housing Tax Credit	
Tax Credit Period	
Total Tax Credit Received Over Period	
Investor Limited Partner's Ownership Share	
Raise Ratio From Syndicator's Proposal	
Gross Proceeds from Low Income Housing Tax Credit	
Gross Proceeds from Historic Tax Credit	
Total Equity from Syndication Proceeds	

♦ **Maximum Low-Income Housing Tax Credit Based on Proceeds Needed**

Amount

Proceeds Needed	
Gross Proceeds From Historic Tax Credit	
Low Income Housing Tax Credit Syndication Proceeds	
Investor Limited Partner's Ownership Share	
Raise Ratio From Syndicator's Proposal	
Total Tax Credit Received Over Period	
Tax Credit Period (10 years)	
Maximum Low-Income Housing Tax Credit	

♦ **Applicable Fraction**

Percent of Units :

Low Income Units _____

Total Units _____

Unit Percentage _____

Project Applicable Fraction _____

Project Applicable Fraction Type _____

Percent of Square Footage :

Low Income Sq. Ft. _____

Total Sq. Ft. _____

Sq. Ft. Percentage _____

♦ **Sources of Federal Financing**

Show all direct and indirect federal funds financing qualified costs below

Funds	Acquisition Basis	Construction Basis
DHCD-MF	\$0.00	\$0.00
Total Federal Funds	\$0.00	\$0.00

PROJECT SUMMARY INFORMATION

❖ GENERAL INFORMATION

♦ Project Information

Project Name	COMDEV-ORPE-1		
Address	7560 Old Telegraph Road		
City	Hanover	County	Anne Arundel
Sponsor	Orpe Human Rights Advocates		

♦ Funding Applied For

Maryland Housing Rehabilitation Program \$2,000,000

♦ Occupancy Restrictions

Units at <=30% AMI	24
Units at 31-40% AMI	0
Units at 41-50% AMI	0
Units at 51-60% AMI	0
Units at 61-85% AMI	0
Units that will be unrestricted	0
Total Units	24

❖ PROJECT INCOME

Income Type	Total Units	Effective Gross Income	Years Until Sustaining Occupancy	Annual Trending	Trended Effective Gross Income
Low Income	24	\$288,000.00	0	0.00%	\$288,000.00
Total		\$288,000.00			\$288,000.00

❖ PROJECT EXPENSES

Expense Categories	Annual Expense	Years Until Sustaining Occupancy	Annual Trending	Trended Expense
Administrative	\$268,100.00	0	0.00%	\$268,100.00
Operating and Maintenance	\$0.00	0	0.00%	\$0.00
Reserve for Replacement	\$0.00	0	0.00%	\$0.00
Taxes and Insurance	\$0.00	0	0.00%	\$0.00
Utility	\$0.00	0	0.00%	\$0.00
Total	\$268,100.00			\$268,100.00

♦ Trended Net Operating Income	<i>(Total Trended EGI - Total Trended Expense):</i>	\$19,900.00
♦ Annual Debt Service Financing Payments:		\$0.00
♦ Cash Flow Financing Payments:		\$0.00
♦ Remaining Cash Flow	<i>(Trended NOI - Debt Service Financing Payments):</i>	\$19,900.00

SOURCES OF FUNDS

❖ SOURCES OF FUNDS

♦ Debt Service Financing

Types of Funds	Source Of Funds	DSCR	Amortization Term	Interest Rate	Loan Term	Annual Payment	Loan Amount
MHRP-MF	DHCD-MF	0.00	0				\$2,000,000.00
Total Debt Service Financing						\$0.00	\$2,000,000.00

♦ Cash Flow Financing and Grants

Types of Funds	Source Of Funds	Interest Rate	Loan Term	Annual Payment	Loan/Grant Amount
Total Cash Flow Financing					

♦ Equity

Types of Equity	Source Of Equity	Annual Tax Credit Amount	Amount of Equity
Total Equity			

♦ **Total Sources of Funds** *(Total Debt + Equity)* **\$2,000,000.00**

❖ USES OF FUNDS

Types of Uses	Amount
Construction or Rehabilitation Costs	\$1,077,858.00
Fees Related to Construction or Rehabilitation	\$37,815.00
Financing Fees and Charges	\$0.00
Acquisition Costs	\$735,080.00
Developer's Fee	\$84,147.00
Syndication Related Costs	\$7,200.00
Guarantees and Reserves (funded amounts only)	\$57,900.00
Total Uses of Funds	\$2,000,000.00

❖ PROJECT DESCRIPTION

❖ Existing Buildings

# Buildings	# Units	Square Footage	Building Type	Building Use	Anticipated PIS Date	Building Address	Last PIS Date	Construction Year
Subtotal								

❖ New Buildings

# Buildings	# Units	Square Footage	Building Type	Building Use	Anticipated PIS Date	Building Address
Subtotal						

❖ Total of all Buildings

# Buildings	# Units	Square Footage

❖ 20-YEAR OPERATING PRO FORMA

Income

[illegible]

Expenses

[illegible]

Debt Service Financing

[illegible]

Cash Flow Financing

[illegible]

Income

	Vacancy Rate	Annual Trending	Year 11	Year12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20
Low Income	0.00%	0.00%	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000
Gross Potential Income			\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000
Vacancy Allowance			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Effective Gross Income			\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000

Expenses

Operating and Maintenance	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Reserve for Replacement	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Taxes and Insurance	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Utility	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative	0.00%	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000
Administrative	0.00%	\$244,100	\$244,100	\$244,100	\$244,100	\$244,100	\$244,100	\$244,100	\$244,100	\$244,100	\$244,100	\$244,100
Total Expenses			\$268,100	\$268,100	\$268,100	\$268,100	\$268,100	\$268,100	\$268,100	\$268,100	\$268,100	\$268,100
Net Operating Income			\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900

Debt Service Financing

MHRP-MF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Debt Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cash Flow	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900
Debt Coverage Ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Cash Flow Financing

Total Cash Flow												
Cash Flow	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900	\$19,900
Debt Coverage Ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00