

**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 #: _____