APPENDIX 19

SECTION 811 CAPITAL ADVANCE
APPLICATION FOR FUND RESERVATION
TECHNICAL REVIEW SHEETS

Instructions:

1. The attached contains 8 separate suggested technical review sheets for use by the reviewing disciplines during technical processing at the fund reservation stage. The review sheets provide for:
   - the assignment of recommended rating points by the reviewing discipline for the Section 811 Rating Panel
   - identification of all required findings and applicable program instructions
   - identification of substantive comments by the reviewer.

2. Review Disciplines Summary: MHR shall complete the following:

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<th>Reviewing Office</th>
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* Application shall be sent to CPD for review only if relocation is involved.

** The Technical Review Sheet at the end of Appendix 19 may be used by the appropriate State Agency that will be reviewing the Sponsor's application with an emphasis on the supportive services plan.

1/ If an application receives a "not acceptable" recommendation, it should not be considered by the Rating Panel.
Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

(a) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to proposed disabled population.

Rating: __________ (5 point maximum)

Does the Sponsor have experience in providing housing, services, or both? Briefly describe the experience (No. of years, type of housing/services and in what capacity?).

_______________________________________________________
_______________________________________________________
_______________________________________________________

Is the Sponsor's application commensurate with its experience? Explain.

_______________________________________________________
_______________________________________________________
_______________________________________________________

(b) The scope, extent and quality of Sponsor's experience in...
providing housing and/or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation,

Rating:_____________(5 point maximum) (THIS IS ADVISORY ONLY - FOR USE BY FHEO)

Comments:______________________________________________

_________________________________________________________________

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(MHR continued) Project No. ___________________________

Has the Sponsor provided services through volunteer programs or obtained programs through community service agencies? If yes, briefly describe types of activities, period of involvement and size of client group.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Is there strong evidence of support for the Sponsor and for the project from the community in which the project will be located? Describe the source(s) of support.

_________________________________________________________________
Criterion 5. Provision of Supportive Services - 20 pts.

(NOTE: The supportive services plan should also be reviewed by a representative of the appropriate state/local agency. The results of that review should be considered when the MHR completes its review.

(a) Services will be provided on a consistent, long-term basis - strength of funding sources.

Rating:______________ (10 point maximum)

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(MHR - continued) Project No.__________________________

Did the Sponsor include a letter of intent from each agency that will be providing services indicating a source and commitment of funding?

Yes       No       (If NO, the application must be rejected.)

What is the source(s) of funding?

Will the funding be sufficient to support the services both in terms of quantity and reliability? Explain.

For what term is the commitment?

What agency(s) will provide the services?
APPENDIX 19

(MHR - continued)  Project No.____________________________

Do the agency(s) appear qualified to provide the services on a consistent, long-term basis?

Yes   No

Explain: _____________________________________________________

____________________________________________________________

(b) Appropriateness of services (type and quantity) for the disabled population to be housed.

Rating:________________________(5 point maximum)

Is the service plan well thought-out?________________________

Does the service plan have a clear description of each service, its frequency and location? Briefly describe the services, their frequency and where provided.

____________________________________________________________

____________________________________________________________

____________________________________________________________

Does the Sponsor have experience in providing the proposed services to the anticipated occupancy and appear to have a good working knowledge of the service needs for the type and level of disability of the proposed occupants? Explain.

____________________________________________________________

____________________________________________________________
What is the planned supervision for the residents and does it correspond appropriately to the disability level of the residents?

_______________________________________________________________

Did you receive the State/local agency certification (Exhibit 23)? Yes No

(If the answer is NO to this or either of the following two questions, the application must be rejected.)

Did the certification indicate that the provision of services is well designed?

Yes No

If NO, explain: _______________________________________________

_______________________________________________________________

_______________________________________________________________

Did the certification indicate that the proposed facility is consistent with the agency's plans/policies?

If NO, explain: _______________________________________________

_______________________________________________________________

(c) Quality of services implementation plan.

Rating:______________________(5 point maximum)

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(MHR - continued) Project No.___________________________

Did the Sponsor clearly describe how the provision of the proposed services will be managed? Explain.

________________________________________________________________

________________________________________________________________

________________________________________________________________
Is there sufficient staff, both in terms of quantity and experience, to ensure the effective delivery of the proposed services? Briefly describe the number and qualifications of staff proposed.

________________________________________________________________

________________________________________________________________

________________________________________________________________

Did the Sponsor describe a plan for coordinating off-site services (how residents will access them)?

Explain:________________________________________________________

________________________________________________________________

________________________________________________________________

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

B. Applications with identified site only.

(3) Likelihood that site control will be obtained within six months of fund reservation, if approved,

Rating:______________________(5 point maximum)

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_____________________________________________________________________

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(MHR - continued) Project No.______________________________

Has the Sponsor made a concerted effort to identify the site? Explain.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Does it appear, from the Sponsor's description, that site control is obtainable within six months of fund reservation? Explain.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

What is the status of the sale of the site?
RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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(MHR - continued) Project No.________________________

RATING: Criterion 1.(a)_______________(5 point maximum) Criterion 6.B(3)______________(5 point maximum)
 Criterion 1.(b)_______________(5 point maximum) (ADVISORY) Criterion 5.(a)_______________(5 point maximum)
 Criterion 1.(c)_______________(2 point maximum) Criterion 5.(b)_______________(5 point maximum)
 Criterion 5.(c)_______________(5 point maximum) Criterion 6.(b)_______________(5 point maximum)

Print Name of MHR:________________________________________________________

Signature of MHR:_________________________________________________________

Date:____________________ Telephone Number:______________________________

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Section 811 - Supportive Housing for Persons with Disabilities TECHNICAL REVIEW SHEET

Mortgage Credit

Sponsor Name/City/ST:________________________________________________________

(a) Financial history and current financial outlook of Sponsor.

Rating: __________________________ (5 point maximum)

Did the Sponsor submit financial statements for the most current three years of its operations?

Yes          No

If No, explain: ____________________________________________________________

__________________________________________________________________________

Do the Sponsor's financial statements indicate an upward trend in capital accumulation?

Yes          No

If No, explain: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Do the Sponsor's financial statements reflect a positive cash flow?

Yes          No

If No, explain: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Do the Sponsor's financial statements reflect an upward trend in working capital?
Yes            No
If No, explain:_________________________________________________
________________________________________________________________
________________________________________________________________

Has the Sponsor been a financially viable organization for its entire existence?
Yes            No
If No, explain:_________________________________________________
________________________________________________________________

How has the Sponsor financed its past operation?
(A note should be made if the Sponsor has been unable or unwilling to provide funds to previously funded Projects, i.e., cash requirements to close transaction, change orders, etc. Also, lower the score)
________________________________________________________________
________________________________________________________________
________________________________________________________________

Briefly describe the Sponsor's current financial outlook.
________________________________________________________________
________________________________________________________________
________________________________________________________________

Was a credit investigation completed?
Yes            Deferred
If yes, briefly describe results:________________________________________
________________________________________________________________
________________________________________________________________
If credit investigation is not deferred, answer the following:

A credit report on the Sponsor has been received and is satisfactory.

Yes            No

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_____________________________________________________________________

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APPENDIX 19

(MC - continued)                   Project No.____________________________

If No, explain:_________________________________________________

_________________________________________________________________

_________________________________________________________________

Credit reports have been received on each officer of the Sponsor and are acceptable.

Yes            No

If No, explain:_________________________________________________

_________________________________________________________________

_________________________________________________________________

(b) Sponsor's ability and willingness to commit financial resources beyond the initial minimum capital investment and start-up costs.

Rating:____________________(10 point maximum)

Do the financial statements reflect a working capital position which demonstrates that the Sponsor is capable of providing the minimum capital investment, start-up expenses and any unanticipated costs?

Yes            No

If No, do the Sponsor's financial statements reflect fixed assets which could be hypothecated to provide funds to meet the minimum capital investment, start-up expenses and any unanticipated costs?

Yes            No

If No, explain:_________________________________________________

_________________________________________________________________
SCORING NOTES: A higher score shall be given when the Sponsor can meet these obligations based on available working capital.

A lower score shall be given if Sponsor must rely on reimbursement of predevelopment costs for meeting the minimum capital investment.

Did the Sponsor or the organization that will be supplying the funds to cover the minimum capital investment, start-up expenses and any unanticipated costs submit a resolution from its Board committing a specific amount of funds that will cover these costs?

Yes    No

If yes, is the amount specified sufficient to cover all of the above costs?

Yes    No

Does the amount of funds committed substantially exceed the minimum capital investment and start-up expenses? If No, reduce the score.

Yes    No

If an organization other than the Sponsor will be supplying the funds, are there conditions to this commitment?

Yes    No

If Yes, what are the conditions? ______________________________

_______________________________________________________________

Is there evidence that this other organization supports the Sponsor's application?
If the Sponsor is including amenities not eligible for HUD funding, do the financial statements indicate that the Sponsor is able to contribute the incremental development cost and continuing operating costs associated with the added amenities?

Yes  No  N/A

If No, explain: __________________________________________________________

_____________________________________________________________________

Did the Sponsor submit an application for a Section 106(b) loan?

Yes  No

If yes, can the Sponsor meet start-up expenses without relying on the 106(b) loan?

Yes  No  N/A

If No, explain: __________________________________________________________

_____________________________________________________________________

c) Scope of the proposed project relative to Sponsor's financial capacity and commitment.

Rating: _____________(10 point maximum)

Does it appear that the Sponsor's financial capacity is sufficient to cover the financial requirements of the proposed project?

Yes  No

If No, explain: __________________________________________________________

_____________________________________________________________________
If the Sponsor submitted more than one application under either the current Invitations for Section 811 or Section 202, does it have the financial capacity to meet the financial requirements for all applications submitted?

Yes  No  N/A

If No, explain:

If the Sponsor has other projects in development and/or under management, will the Sponsor's financial responsibilities for these projects adversely affect its capability to carry through to completion and operate the proposed project?

Yes  No  N/A

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The following questions require a response but no rating:

Is the Sponsor acting on its own behalf and not, either knowingly or unwittingly, under the influence, control or direction of any party?

Yes  No

If No, explain:

Does the Sponsor have continuity and evidence a serious long-range desire to provide housing for the intended client group?

Yes  No
Does the Sponsor fully understand the responsibilities and obligations involved in owning and successfully operating a housing project?

Yes   No

If No, explain:
_________________________________________________
_________________________________________________
_________________________________________________

Is the Sponsor prepared, by unanimous or majority resolution of its Board of Directors or Trustees, to acknowledge the responsibilities and obligations of sponsorship and continuing ownership, which is also the will of its membership?

Yes   No

If No, explain:
_________________________________________________
_________________________________________________
_________________________________________________

Is the Sponsor reliable on the basis of its reputation and past performance including that of its principals?

Yes   No

If No, explain:
_________________________________________________
_________________________________________________
_________________________________________________

Housing Consultant Evaluation

The Housing Consultant has been evaluated and the following forms have been received/requested:
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FINANCIAL ANALYSIS WORKSHEET

*Proof: Columns C, E, G, & I equal difference between Columns A & H
Note: For large corps. with assets over $100,000, you may round to the nearest thousand.

NAME OF CORPORATION__________________________________

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(1) CURRENT ASSETS  
(2) CURRENT LIABILITIES  
(3) WORKING CAPITAL  
(4) CURRENT RATIO (1)/(2)  
(5) TOTAL ASSETS  
(6) TOTAL LIABILITIES  
(7) NET WORTH  
(8) TOTAL INCOME  
(9) NET INCOME OR (DEFICIT)  

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COMMENTS:

REVIEWER:______________________  
DATE:__________________________
(MC - continued) Project No.____________________________

Housing Consultant Resume

Yes No
The Housing Consultant ______________________________ is approved subject to HUD-2530 procedure approval.

Yes No
If No, explain:_________________________________________________

________________________________________________________________

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain:________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

RATING: Criterion 2.(a)___________________ (5 point maximum)
Criterion 2.(b)___________________ (10 point maximum)
criterion 2.(c)___________________ (10 point maximum)
TOTAL____________________________ (25 point maximum)

Print Name of Reviewer:____________________________________________________

Signature of Reviewer:____________________________________________________

Date:________________________ Telephone Number:___________________________

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Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Architectural, Engineering and Cost
Criterion 4. Project Design - 10 pts.

(a) Extent to which the proposed design will meet the special needs of persons with disabilities.

Rating:_____________________(4 point maximum)

Did the Sponsor identify any special design needs of the proposed residents? Explain.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will the proposed design be medical in nature?

Yes           No

If Yes, explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(b) Extent to which proposed design will accommodate the provision of supportive services that are expected to be needed, either initially or during the useful life of the housing, by the category or categories of persons with disabilities the housing is intended to serve.

Rating:______________________(3 point maximum)

Does it appear that the Sponsor has thought through the long-range service needs of the residents and proposed a design that will accommodate these needs?
(c) The extent to which the proposed size, plus unit mix if an independent living facility, will enable Sponsor to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion.

Rating: __________________(3 point maximum)

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

A. (4) Reasonableness of the site cost per unit and suitability of property for intended use and adequacy of utilities and streets (i.e., the proposed site development including number of units, location of building(s), parking, drives, service and recreation areas is suitable for the intended occupants).

Rating:____________________(3 point maximum)

In rating the above, consideration must be given to the following:

a. Site configuration, dimensions and topography in regard to siting, circulation and site drainages.

b. Special facilities, i.e., storm channel improvements, extensive slope stabilization or erosion control improvements or maintenance, sewerage lift stations or ejection pumps, retaining walls, etc.

c. Private vs. public utilities in areas where public utilities are available, extent of project utility lines, site area covered by retention ponds, etc.
d. Extent of access and service drives, parking, pedestrian walk-ways and other paving.

e. Extent of outdoor recreational facilities and landscaping.

NOTE: Special attention must be given to the estimated cost of site and whether number of units proposed will be cost effective.

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The following additional factors require comment but no rating:

Has the Sponsor included only those amenities eligible for HUD funding?

Yes           No

If No, list the amenities not eligible for HUD funding:

If the Sponsor has included amenities not eligible for HUD funding, does it indicate a willingness to contribute the incremental development cost and continuing operating costs associated with the added amenities?

Yes           N/A

OR

The proposed project involves rehabilitation or acquisition, the additional amenities already existed in the structure before submission of the application, and the total development cost of the project with the additional amenities does not exceed the applicable cost limit.

If the Sponsor is proposing a group home, does the narrative description indicate that the design will meet group home standards?
If the Sponsor is proposing an independent living facility, does the narrative description indicate that the project will meet the project size limits and unit size requirements?

Yes          No          N/A

If No, indicate the size of the project and whether the Sponsor adequately justifies exceeding the project size limits:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Will the Sponsor be including any community spaces?

Yes          No

If Yes, indicate whether they are modest in concept and suitable for the intended occupants.

________________________________________________________________
________________________________________________________________
________________________________________________________________

The proposed schematic designs reflect economical and efficient use of space suitable for the intended occupants.

Yes          No

If No, explain:_________________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________

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RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain:__________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

RATING: Criterion 4.(a)_______________(4 point maximum)
Criterion 4.(b)_______________(3 point maximum)
Criterion 4.(c)_______________(3 point maximum)
Criterion 6.A.(4)_____________(3 point max.) or ___________ N/A

Print Name of Reviewer:___________________________________________________

Signature of Reviewer:____________________________________________________

Date:_______________________ Telephone Number:____________________________

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Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Valuation

Sponsor Name/City/ST:_____________________________________________________

Project Address:________________________________________________________

Project Number:________________________________________________________

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

A. Applications with Site Control

(1) Proximity or accessibility of site to shopping, medical facilities, transportation, churches, job opportunities, recreational facilities and other necessary services to the intended occupants.
Rating:_______________(4 point maximum)

B. Applications with Identified Site Only

(1) Same as A.(1) above plus freedom from overconcentration of persons with disabilities.

Rating:_______________(5 point maximum)

Has the Sponsor submitted proper evidence of site control?

Yes         No         (Check with Field Counsel preliminary evaluation review.)

If No, explain:________________________________________________

____________________________________________________________________

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(VAL - continued)                    Project No.__________________________

OR

Has the Sponsor submitted proper identification of site?

Yes         No         Explain:________________________________________________

Is the site near or accessible by transportation to shopping, medical facilities, places of worship, recreational facilities, employment opportunities, and other necessary services for the intended occupants?

Yes         No

If No, explain:________________________________________________

____________________________________________________________________

THE REMAINDER OF THIS REVIEW SHEET APPLIES ONLY TO APPLICATIONS WITH EVIDENCE OF SITE CONTROL

A. (3) Freedom of site from adverse environmental conditions and overconcentration of persons with disabilities.

Rating:_______________(4 point maximum)
Is the site free from the following conditions: soil instability, flooding, mudslides, harmful air pollution, excessive noise or fire hazards?

Yes           No

If No, explain:________________________________________________

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A. (4)    Reasonableness of the site cost per unit, suitability of the property for the intended use, and adequacy of utilities and streets.

Rating:______________________(3 point maximum)

Is the site configuration, the size of the site in relation to the number of units, and the dimensions and topography in regard to siting, circulation and site drainages adequate?

Yes           No

If No, explain:________________________________________________

Can you determine whether the site will have any of the following special facilities (i.e., storm channel improvements, extensive slope stabilization or erosion control improvements or maintenance, sewerage, lift stations or ejection pumps, retaining walls, etc.)?

Yes           No

If Yes, explain:_______________________________________________

_______________________________________________________________

Will the project be connected to private or public utilities?

If private, are public utilities available in the area?

Yes           No           N/A
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Will the project be cost effective in relation to the number of units proposed?
Yes           No

If No, explain:


Is the site appropriate for the intended use?
Yes           No

If No, explain:


Does the site meet the Site and Neighborhood Standards of Section 890.230?
Yes           No

If No, explain:


The number of units, and bedroom sizes if an independent living facility are marketable.
Yes           No

If No, explain:


The proposed site is located outside the 100-year floodplain (500 year if ICF).

Yes  No  If No, the 8-step process must be initiated.

________________________________________________________________
________________________________________________________________
________________________________________________________________

NOTE: Six steps of the 8-step process identified in 24 CFR Part 50.4 must be completed if an application is recommended for funding.

The Form HUD-92013-E has been reviewed and is acceptable.

Yes  No

________________________________________________________________
________________________________________________________________
________________________________________________________________

Does the proposed site meet Environmental Assessment requirements, including Compliance Findings set forth in attached Form HUD-4128 or 4128.1, as appropriate?

Yes  No
If No, explain:_________________________________________________

________________________________________________________________
________________________________________________________________

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(VAL - continued)               Project No.____________________________

Is the proposed construction or rehabilitation permissible under applicable zoning ordinances or regulations?

Yes  No
If No, explain:______________________________

________________________________________________________________
Is the proposed site located in undeveloped coastal barriers along the Atlantic or Gulf Coasts?

Yes            No

If Yes, explain:________________________________________________

________________________________________________________________

________________________________________________________________

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_____________________________________________________________________

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(REM - continued)

Project No.___________________________

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain:__________________________________________________________

________________________________________________________________

________________________________________________________________

RATING:  Criterion 6.A.(1)_________ (4 point maximum) or ________ N/A
Criterion 6.A.(3)_________ (4 point maximum) or ________ N/A
Criterion 6.A.(4)_________ (3 point maximum) or ________ N/A
Criterion 6.B.(1)_________ (5 point maximum) or ________ N/A

Print Name of Reviewer:____________________________________________

Signature of Reviewer:______________________________________________

Date:______________________ Telephone Number:________________________

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_____________________________________________________________________

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Section 811 - Supportive Housing for Persons with Disabilities
Market Review:

A. Taking into consideration the current and anticipated market conditions in assisted housing for persons with disabilities, is there a demand (sufficient market) for the number and type of units proposed?

Yes           No         If No, application must be rejected.

Explain the basis for the finding:_____________________________
______________________________________________________________
______________________________________________________________

B. Advisory Opinions on Location and Marketability

(EMAS should complete numbers 1. and 2. below only if it has relevant information available on the site and location.)

1. EMAS has reviewed the proposed location and has determined that it is acceptable and desirable for housing for persons with disabilities and the project is not likely to have an adverse effect on HUD-insured and assisted housing.

Yes               No

2. Is the site located in an area already containing a large number of persons with disabilities?

Yes               No
If Yes, the project is not approvable. Provide specific reasons for disapproval.

__________________________________________________________
__________________________________________________________

3. If Sponsor proposes to exceed project size limits (up to 15 residents for a group home, up to 40 residents for an independent living facility for persons with physical disabilities or developmental disabilities), answer the following:

NOTE: If the answer to any of the following is NO, the request for an exception is not approvable and the Sponsor's request will be reduced to the maximum number of residents per applicable facility.

a. Sponsor demonstrated that the increased number of people is necessary for the economic feasibility of the project.

   Yes              No
   ____________________________
   ____________________________

b. The project is compatible with the surrounding residential development and with the population density of the area in which it will be located.

   Yes              No
   ____________________________
   ____________________________

c. The project can be integrated successfully into the neighborhood and community.

   Yes              No
   ____________________________
   ____________________________
d. The project is marketable.
   Yes          No

Criterion 3. Need for Supportive Housing for Persons with Disabilities in the Area to be Served - 10 pts.

Rating:____________________(10 point maximum)

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain:

RATING: Criterion 3.____________________(10 point maximum)

Print Name of Reviewer:

Signature of FO/RO Office Economist:

Date:________________________ Telephone Number:____________________________
APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Fair Housing and Equal Opportunity

Sponsor Name/City/ST: _______________________________________________________

Project Address: __________________________________________________________

Project No.: _____________________________________________________________

Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

(b) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation.

When rating applications, more favorable consideration should be given to projects which address a low participation and an identified need for housing for very low income minority disabled persons and families and opportunities for minority and women-owned business participation.

NOTE: Where the Sponsor has previously done business with HUD, the Sponsor's previous participation records (Form HUD-2530, Exhibit 6) should be reviewed. If the Sponsor has not previous housing experience, all relevant services experience including housing counselling, nutrition and food services, special housing referral, etc., should be examined.

Rating: _________________________ (5 point maximum)

Comments: ________________________________________________________________

_____________________________________________________________________

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c. Extent of local community support (including the minority community) for the Sponsor and its activities, including experience in providing housing and/or supportive services in area where project is to be located, and Sponsor’s demonstrated ability to enlist volunteers and local funds for its efforts.

Rating:_______________________ (5 point maximum) (ADVISORY ONLY)

Comments:_______________________________________________________


Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts

A. or B. (2)

Suitability of the site from the standpoint of promoting a greater choice of housing opportunities for minority disabled persons/families.

Rating:___________________ (4 points maximum where Sponsor has control of site)

___________________ (5 points maximum where Sponsor has identified a site)

Comments:_______________________________________________________


Additional factors which require comments but no rating:

Project addresses a low participation rate and an identified need for housing for very low income minority disabled persons and families.
Sponsor’s project is consistent with the affirmatively furthering fair housing provisions of the jurisdiction's CHAS certification.

Yes          No

Comments:________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

For projects with relocation indicated, the Sponsor's relocation advisory procedures promote a greater choice of housing opportunities for minority persons/households.

Yes          No          N/A

Comments:________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

The Sponsor has submitted the required racial and ethnic data on the persons/businesses to be displaced.

Yes          No          N/A
The Sponsor's past actions relative to participation of minority business firms in programs or services:

No prior experience (or data not submitted)

Minimal experience (less than $10,000 awarded)

Significant experience (more than $10,000 awarded)
Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

(a) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to proposed disabled population.

Rating: __________________ (5 point maximum)

Does the Sponsor have experience in providing housing, services, or both? Briefly describe the experience (no. of years, type of housing/services and in what capacity?).

_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Is the Sponsor's application commensurate with its experience? Explain.

_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

(b) The scope, extent and quality of Sponsor's experience in providing housing and/or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation.
(c) The extent of local community support for the Sponsor and its activities, including providing housing and/or supportive services in area where project is to be located, and Sponsor's demonstrated ability to enlist volunteers and local funds for its efforts.

Rating:______________________(3 point maximum)

How has Sponsor elicited support for its activities from the local community and what has been its track record in doing so?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Has the Sponsor provided services through volunteer programs or obtained programs through community service agencies? If yes, briefly describe types of activities, period of involvement and size of client group.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Is there strong evidence of support for the Sponsor and for the project from the community in which the project will be located? Describe the source(s) of support.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Criterion 4. Project Design - 10 pts.

(c) The extent to which the proposed size, plus unit mix if an independent living facility, will enable Sponsor to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion.

Rating:_______________ (3 point maximum)

Based on experience, does the proposed design lend itself by the intended residents - common areas, bath/shower facilities, kitchen area, etc.?

Yes               No

__________________________________________________________________________

Criterion 5. Provision of Supportive Services - 20 pts.

(a) Services will be provided on a consistent, long-term basis - strength of funding sources.

Rating:_______________ (10 point maximum)
Did the Sponsor include a letter of intent from each agency that will be providing services indicating a source and commitment of funding?

Yes                No       (If NO, the application must be rejected.)

What is the source(s) of funding?

_______________________________________________________________

_______________________________________________________________

Will the funding be sufficient to support the services both in terms of quantity and reliability? Explain.

________________________________________________________________

________________________________________________________________

________________________________________________________________

For what term is the commitment?

________________________________________________________________

________________________________________________________________

What agency(s) will provide the services?

________________________________________________________________

________________________________________________________________

________________________________________________________________

Do the agency(s) appear qualified to provide the services on a consistent, long-term basis?

Yes                No

Explain:________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
(c) Quality of services implementation plan.

Rating:____________________(5 point maximum)

Did the Sponsor clearly describe how the provision of the proposed services will be managed? Explain.

________________________________________________________________

Is there sufficient staff, both in terms of quantity and experience, to ensure the effective delivery of the proposed services? Briefly describe the number and qualifications of staff proposed.

________________________________________________________________

Did the Sponsor describe a plan for coordinating off-site services (how residents will access them)?

Explain:________________________________________________________

________________________________________________________________

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

A. or B.

(2) Suitability of the site relative to promoting greater choice of housing opportunities for minority disabled persons/families.

Rating:____________________(4 pt max if site control)

____________________(5 pt max if site identified)

(ADVISORY ONLY FOR USE BY FHEO)
Additional review factors requiring comment but no rating:

Do other Federal or State agencies (i.e., State Housing Finance Agency, Farmers Home Administration) have projects in operation or in the planning stage that would be near the proposed site (if identified) or in the proposed locality or serve a similar clientele? If Yes, identify:

______________________________________________________________  
______________________________________________________________  
______________________________________________________________  

Form HUD-2530 reveals the Sponsor has done business with HUD. Yes  No

If yes, send comments to Chief, Mortgage Credit Branch and answer the following:

Has the Sponsor complied fully with HUD requirements (i.e., regulatory agreement, subsidy contract, tenant certs/recerts, vouchering, project reports)? If not, explain.

______________________________________________________________  
______________________________________________________________  

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APPENDIX 19  

(HM - continued)  

If the Sponsor will contract with a management agent whose identity is known, has Housing Management had any experience with the management agent? If yes, indicate the quality of this experience; if unsatisfactory, explain.

______________________________________________________________  
______________________________________________________________  

Project No.___________________________
If the Sponsor will contract with a management agent whose identity is unknown, are there management companies in the area with experience in operating facilities for persons with disabilities?

________________________________________________________________________

If proposing self-management, will the proposed project overtax the Sponsor's management capabilities, taking into consideration the Sponsor's other management commitments and responsibilities? Explain.

________________________________________________________________________

If there are any HUD-assisted or insured properties in the area, has experience with the locality been satisfactory?
Yes                No

If No, explain:______________________________________________________________
________________________________________________________________________

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APPENDIX 19

(HM - continued) Project No.________________________

Is project likely to affect adversely other HUD-insured or assisted housing?

Yes                No
(If YES, application must be rejected.)

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain:________________________________________________________________________

____________________________________________________________________________
RATING: Criterion 1.(a)_______________(5 point maximum)  
Criterion 1.(b)_______________(5 point maximum) (ADVISORY)  
Criterion 1.(c)_______________(3 point maximum)  
Criterion 4.(c)_______________(3 point maximum)  
Criterion 5.(a)_______________(5 point maximum)  
Criterion 5.(c)_______________(5 point maximum)  
Criterion 6.A.(2)_____________(4 point maximum) (ADVISORY)  
Criterion 6.B.(2)_____________(5 point maximum) (ADVISORY)  

Print Name of Reviewer:___________________________________________________  
Signature of Reviewer:____________________________________________________  
Date:______________________ Telephone Number:_____________________________

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APPENDIX 19  

Section 811 - Supportive Housing for Persons with Disabilities.  

TECHNICAL REVIEW SHEET  
Community Planning and Development  
Relocation Review  

Sponsor Name/City/ST:_____________________________________________________

Project Address:__________________________________________________________

Project Number:___________________________________________________________

The subject application has been reviewed with regard to displacement and acquisition:  

1. (a) Sponsor has completed the information required by Exhibit 17, Data on Project Occupancy, Displacement and Real Property Acquisition.  
   Yes    No

   (b) Sponsor has identified persons occupying the property on the date of submission of the application (or initial site control, if later).  
   Yes    No

   No. not to be Displaced    No. to be Displaced
| Households (families and individuals) | ______________ | ______________ |
| Business and Nonprofit Orgs. | ______________ | ______________ |
| Farms | ______________ | ______________ |
| Totals | ______________ | ______________ |

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APPENDIX 19

(CPD - continued)

2. (a) Estimated costs for relocation and real property acquisition, if applicable, are reasonable.
   - Yes
   - No

   (b) The source of funding for such costs has been identified.
   - Yes
   - No

   (c) There is a firm commitment to provide funds for relocation costs (Section 811 capital advance or other sources).
   - Yes
   - No

3. Organization to administer relocation has been identified.
   - Yes
   - No

4. Certification of compliance with relocation and real property acquisition requirements has been provided.
   - Yes
   - No

Conditions, if any, for approval:______________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Print Name of Reviewer:______________________________________________

Signature of Reviewer:_______________________________________________
APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

SUPPORTIVE SERVICES PLAN
TECHNICAL REVIEW SHEET

Appropriate State Agency

Instructions:

This Technical Review Sheet may be used for review of the Supportive Services Plan by the designated representative for the State Agency which provides funding for services, licenses facilities for the disabled population proposed in the Section 811 Application for Supportive Housing for Persons with Disabilities and/or will provide the majority of referrals for the proposed project. The representative should review the entire application with particular emphasis on the Supportive Services Plan (Exhibit 20 -Criterion 5).

Field and Regional Office Staff will consider the impartiality and firmness of the representative's ratings as well as the actual ratings. However, narrative documentation supporting the ratings is more important. Representatives that rate all applications with the maximum score may be discounted.

The representative's ratings and comments are advisory and serve the purpose of providing critical information to HUD that might not otherwise be available.
Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

(a) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to proposed disabled population.

Rating:________________________(10 point maximum)

In what capacity have you been familiar with the Sponsor?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Based on your experience (if any) with the Sponsor as well as the information in the application, if this Sponsor were applying to your agency instead of to HUD for funds to develop housing for the proposed population, would you select it for funding? Why/Why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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APPENDIX 19

(State Agency - cont'd) Project No.__________________________

What do you see as the Sponsor's strengths/weaknesses?

Strengths:_________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Weaknesses:_________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What will be your agency's involvement with this project, if developed?
Does the Sponsor have experience in providing housing, services, or both? Briefly describe the experience (No. of years, type of housing/services and in what capacity?).

Is the Sponsor's application commensurate with its experience? Explain.

Is the above experience associated with the client group for which the housing is proposed? If not, what was the client group?

(b) The scope, extent and quality of Sponsor's experience in providing housing and/or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation.

Rating:______________________(5 point maximum)

(c) The extent of local community support for the Sponsor and its activities, including providing housing and/or supportive services in area where project is to be
located, and Sponsor's demonstrated ability to enlist volunteers and local funds for its efforts.

Rating:_____________________(5 point maximum)

How has the Sponsor elicited support for its activities from the local community and what has been its track record in doing so?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Has the Sponsor provided services through volunteer programs or obtained programs through community service agencies? If yes, briefly describe types of activities, period of involvement and size of client group.

________________________________________________________________

________________________________________________________________

________________________________________________________________

Is there strong evidence of support for the Sponsor and for the project from the community in which the project will be located? Describe the source(s) of support.

________________________________________________________________

________________________________________________________________

________________________________________________________________


Rating:_____________________(25 point maximum)

Based upon your knowledge of and experience with the Sponsor, does it appear to have the financial capability to develop the proposed project? Explain.

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Criterion 3. Need for Supportive Housing for Persons with Disabilities in the Area to be Served - 10 pts.

Rating: ______________________ (10 point maximum)

Is there a need for the number and type of units in the proposed locality? Explain.

________________________________________________________________
________________________________________________________________
________________________________________________________________

Criterion 4. Project Design - 10 pts.

(a) Extent to which proposed design will meet special needs of persons with disabilities

Rating: ______________________ (10 point maximum)

Did the Sponsor identify any special design needs of the proposed residents? Explain.

________________________________________________________________
________________________________________________________________
________________________________________________________________

Will the proposed design be medical in nature?

________________________________________________________________
________________________________________________________________
________________________________________________________________

(State Agency - cont'd) Project No. ____________________________
(b) Extent to which proposed design will accommodate the provision of supportive services (that are expected to be needed, either initially or during the useful life of the housing, by the category/categories of persons with disabilities the housing is intended to serve.

Rating:______________________(3 point maximum)

Has the Sponsor thought through the long-range service needs of the proposed residents and proposed a design that will accommodate their needs?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

(c) Extent to which size, plus unit mix in an independent living facility, will enable the Sponsor to manage and operate the project to ensure that supportive services will be provided economically.

Rating:______________________(3 point maximum)

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Criterion 5. Provision of Supportive Services - 20 pts.

(a) Services will be provided on a consistent, long-term basis - strength of funding sources

Rating:_______________________(10 point maximum)

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________________________________________________________________

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APPENDIX 19

(State Agency - cont'd)             Project No.___________________________

What evidence of funding did the Sponsor provide?

_______________________________________________________________

_______________________________________________________________

What is the source(s) of funding?

_______________________________________________________________
Will the funding be sufficient to support the services both in terms of quantity and reliability? Explain.

(b) Appropriateness of services (type and quantity) for the disabled population to be housed including the degree to which the service plan conforms to the Section 811 concept of service provision off-site and complies with State policies, if applicable.

Rating: ______________________ (5 point maximum)

Does the service plan have a clear description of each service, its frequency and location? Briefly describe the services, their frequency and where provided.

Does the Sponsor have experience in providing the proposed services to the anticipated occupancy and appear to have a good working knowledge of the service needs for the type and level of disability of the proposed occupants? Explain.

What is the planned supervision for the residents and does it correspond appropriately to the disability level of the residents?
(c) Quality of services implementation plan

Rating: ______________________ (5 point maximum)

Is the service plan well thought-out?__________________________

Did the Sponsor clearly describe how the provision of the proposed services will be managed? Explain.

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

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APPENDIX 19

(State Agency - cont'd) Project No.___________________________

Is there sufficient staff, both in terms of quantity and experience, to ensure the effective delivery of the proposed services? Briefly describe the number and qualifications of staff proposed.

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

If the Sponsor will not be the service provider, what agency(ies) will provide the services and how will coordination be ensured?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Is there a letter of intent from each agency indicating its willingness to provide the services?

_______________________________________________________________

_______________________________________________________________

Does each agency appear capable of providing the
Criterion 6. Extent to Which Sponsor has Control of an Approvable Site - 15 pts.

Rating:______________________(15 point maximum)

If the proposed project is a group home, will it be located in a neighborhood among other single family homes?

Yes               No               N/A

If No, explain:______________________________________________________________

If the proposed project is an independent living facility, will it be located among and resemble other apartment buildings?

Yes               No               N/A

If No, explain:______________________________________________________________

Will the project be located adjacent to any of the following facilities, or in areas where such facilities are concentrated: schools or day-care centers for persons with disabilities, workshops, medical facilities or other housing primarily serving elderly persons or persons with disabilities?

Yes               No

If Yes, explain:______________________________________________________________
APPENDIX 19

(State Agency - cont'd)                Project No._______________________

List the amenities (i.e., social, recreational, educational, medical, transportation, religious, etc.) that will be available to the project.

______________________________________________________________

Overall, is the proposed site suitable for the intended occupants?

Yes               No

If No, explain:_______________________________________________

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain:__________________________________________________________________

________________________________________________________________________

RATING:     Criterion 1:____________________(20 point maximum)
Criterion 2:____________________(25 point maximum)
Criterion 3:____________________(10 point maximum)
Criterion 4:____________________(10 point maximum)
Criterion 5:____________________(20 point maximum)
Criterion 6:____________________(15 point maximum)
TOTAL:__________________________(100 point maximum)

Print Name of Reviewer:___________________________________________________

Signature of Reviewer:_____________________________ /Date:________________

Agency:__________________________________Phone Number:____________________