

Supportive Housing Field Review Worksheet Project Summary

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner



03606

Project Number	Field Office
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HQ Reviewer	Number of Sites
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Applicant(s) Name and Address

Costs and Funds Requested Obligated

Development

Operating

Total Acquisition Cost \$ _____
 Total Rehabilitation Cost \$ _____
 Grant Total Development Cost \$ _____
 Applicant Matching Funds \$ _____
 Funding Requested \$ _____
 Acq/Rehab \$ _____
 Mod-Rehab \$ _____
 Total Request \$ _____

Operating Cost Year 1 \$ _____ Total \$ _____
 Applicant Matching Funds Year 1 \$ _____
 Funding Request Year 1 \$ _____ Total \$ _____

I. Development Review

Site Description: Provide the address of each site in the application.

Check box if first review.

1. _____
2. _____
3. _____
4. _____
5. _____

Evaluation Questions: Proposal Area - Acquisition/Lease Cost

Applicable? Yes No

1. Is the proposed purchase/lease (circle one) price comparable to other and similar buildings which have sold recently in that area?

Yes (No further information needed) No (TA was required)

Did the information added in TA result in satisfying the criteria?

Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

2. Are closing and any other costs related to the purchase reasonable and consistent with local practice?

Yes (No further information needed) No (TA was required)

Did the information added in TA result in satisfying the criteria?

Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

Proposal Area - Rehabilitation

Applicable? Yes No

1. Upon completion will the rehabilitated facility(ies) meet local codes?

Yes (No further information needed) No (TA was required)

Did the information added in TA result in satisfying the criteria?

Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

2. Is the proposed work consistent with the state of the structure and the intended use? Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

3. Upon completion will the rehabilitated facility(ies) meet local codes? Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

4. Are the cost estimates reasonable, do they cover the scope of work and are they consistent with local practice? Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

Proposal Area - Site Appropriateness

1. Is the property suitable for its intended use for the population being served? Check: local codes (building and occupancy), handicapped access (if appropriate), and site and neighborhood including access to support services, transportation, medical facilities, and shopping. Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

General comments on the suitability of the site or sponsor for developing and operating Supportive Housing include a work write-up (optional) and other appropriate information.

Environmental Review

Applicable? Yes No

The proposed project meets the Environmental Assessment requirements, including any compliance findings set forth in the attached Form HUD-4128, or 4128.1 as appropriate. Yes No (Explain)

Preparer	Date	Supervisor	Date
X		X	

II. Management Review: Proposal Area - Operating Costs

Applicable? Yes No

1. Does the budget include only eligible operating costs (see definition in regulations)? Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

2. Are the amounts being proposed for the management and operation of the structure(s) clearly identified and reasonable? Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

3. Are the dollar amounts being proposed reasonable and consistent with the proposed services program (see Exhibit 17)? Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

4. Has the applicant availed itself of the financial and other resources as described in the Comprehensive Homeless Assistance Program for which it has received certification of compliance? Yes (No further information needed) No (TA was required)
- Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

General comments on the suitability of the site or sponsor for developing and operating Supportive Housing include a workwrite-up (optional) and other appropriate information.

Preparer	Date	Supervisor	Date
X		X	

Project Number	Lead Applicant
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III. FH&EO Review

1. Is the method for selecting applicants consistent with exhibit 23 certifications? Yes (No further information needed) No (TA required)

Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

2. Is the Exhibit also consistent with general Section 504 compliance? Yes (No further information needed) No (TA required)

Did the information added in TA result in satisfying the criteria? Yes No (Explain)

The following exhibits were modified: _____ (attach to form).

3. The following findings have been made in accordance with applicable civil rights statutes and regulations.

(a) The applicant(s) is/are on HUD list of ineligible participants. Yes No
 Comment:

(b) There is a pending civil rights lawsuit brought by the Department of Justice. Yes No
 Comment:

(c) As a result of formal administrative procedures, there are outstanding findings of noncompliance with civil rights statutes, Executive Orders or regulations which have not yet been satisfied. Yes No
 Comment:

(d) The applicant(s) is/are in compliance with conciliation agreement(s) reached pursuant to Title VIII of the Civil Rights Act of 1968, if any. Yes No
 Comment:

Preparer	Date	Supervisor	Date
X		X	