

**Long Term Workforce Housing - RFP #092509 - Senior Housing**

**Individual Proposal Summary Sheet**

Must Be Fully Completed for Review

Project Name:	
Title:	
Primary Contact:	

Organization	Name	Type
1.		
2.		
3.		
4.		
5.		
6.		

Development Team Members	Member Name	Role
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Proposal Type:		Homeownership or Rental
Loan or Grant:		
Amount Requested:		
Total Number of Units:		
Cost Per Unit:		
State Funding Cost Per Unit:		
Total Development Cost:		
Type:		Single-family, Multi-family, or Combo
Rehabilitation or New Construction:		
Parcel Number:		
Proposed Physical Address:		
County:		
Tax Map:		
Revolving Funds?		(Y/N)
How long does project stay affordable?		
Leveraging?		(Y/N)
Ratio:		

**For MDA Internal Use Only:**

Project ID Number:	
Threshold Review Result:	Pass/Fail
Application Complete?	Y/N
Known Sanctions?	Y/N
Known Debarment?	Y/N
Unresolved Investigation?	Y/N
Unresolved Audit Finds?	Y/N
Background Check OK?	Y/N
Verify Leverage Ratio:	