

**RFP #121059  
2022 CDBG HOME Rental Rehabilitation Checklist**

To be eligible for funding, projects must be located in, or provide services to residents of one of the member communities of the Dane County Urban County Consortium (See Appendix A).

**This form is the coversheet for your proposal response. Please use it to double check that your proposal is complete. Incomplete proposals may be rejected.**

**Please submit all required documents as ONE file and use the following naming convention for your file:**

**RFP #121059 ORGANIZATION NAME**

**The following forms have been complete and are attached to the application file:**

- Vendor Information Form
- DANE COUNTY APPLICATION FOR 2022 HOME Rental Rehabilitation
  - Are resumes attached?
  - Is there a complete budget

<b>VENDOR INFORMATION</b>
---------------------------

**VENDOR NAME:** \_\_\_\_\_

Vendor Information (address below will be used to confirm Local Vendor Preference)			
Address		City	
State & Zip		County	
Vendor Rep. Name		Title	
Email		Telephone	

Designation of Confidential and Proprietary Information (Reference General Guidelines 1.7)		
Section #	Page(s) #	Topic
<input type="checkbox"/> No information designated as confidential and proprietary.		

Cooperative Purchasing (Reference General Guidelines 1.8)
<input type="checkbox"/> I <u>agree</u> to furnish the commodities or services of this bid to municipalities and state agencies.
<input type="checkbox"/> I <u>do not agree</u> to furnish the commodities or services of this bid to municipalities and state agencies.

Local Vendor Purchasing Preference (Reference General Guidelines 1.10)						
<b>Are you claiming a local purchasing preference under DCO 25.08(7)?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Dane	<input type="checkbox"/> Columbia	<input type="checkbox"/> Sauk	<input type="checkbox"/> Rock
				<input type="checkbox"/> Green	<input type="checkbox"/> Dodge	<input type="checkbox"/> Iowa
				<input type="checkbox"/> Jefferson		

Fair Labor Practice Certification (Reference 1.12)
<input type="checkbox"/> Vendor has not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.
<input type="checkbox"/> Vendor has been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.

Addenda – we hereby acknowledge receipt, review and use of the following addenda, if applicable.				
<input type="checkbox"/> Addendum #1	<input type="checkbox"/> Addendum #2	<input type="checkbox"/> Addendum #3	<input type="checkbox"/> Addendum #4	<input type="checkbox"/> None

Signature Affidavit
<p>In signing this proposal, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposal to any other proposer or competitor; that the above statement is accurate under penalty of perjury.</p> <p>The undersigned agrees to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified under the Designation of Confidential and Proprietary Information section. The undersigned, submitting this proposal, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Proposals, and declares that the attached proposal and pricing are in conformity therewith.</p>

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## DANE COUNTY APPLICATION FOR 2022 HOME RENTAL REHABILITATION

**APPLICATION SUMMARY**

<b>ORGANIZATION NAME</b>			
<b>MAILING ADDRESS</b> <small>If P.O. Box, include Street Address on second line</small>			
<b>TELEPHONE</b>		<b>LEGAL STATUS</b>	
<b>FAX NUMBER</b>		<input type="checkbox"/> Municipality	
<b>NAME CHIEF ADMIN/ CONTACT</b>		<input type="checkbox"/> Private, Non-Profit	
<b>INTERNET WEBSITE (if applicable)</b>		<input type="checkbox"/> Private, For Profit	
<b>E-MAIL ADDRESS</b>		<input type="checkbox"/> Other: LLC, LLP, Sole Proprietor Federal EIN: _____ DUNS Number: _____	

**PROJECT NAME:** Please list the project for which you are applying.

PROJECT NAME	PROJECT CONTACT PERSON	PHONE NUMBER	E-MAIL

**FUNDS REQUESTED:** Please list the amount and source of funding for which you are applying.

TOTAL PROJECT COST	AMOUNT OF CDBG FUNDS REQUESTES	PECENT OF CDBG FUNDS TO TOTAL PROJECT COST
\$	\$	\$

\_\_\_\_\_  
Signature of Chief Elected Official/Organization Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

**NEED AND JUSTIFICATION**

A. **PROPERTY OWNER:** Indicate the name and contact information for the Owner of the Property that will be rehabilitated.

Name:	
Address:	
City, State, Zip:	
Primary Contact Person and Title:	
Telephone:	
Alternative Phone:	
Fax:	
Email Address:	

**B. TAXES/JUDGMENTS:**

1. Are there any unsatisfied judgments against the applicant/property owner, its principals or any related party?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. Has any party related to this application been party to any litigation, including real estate foreclosure or bankruptcy within the past seven (7) year?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. Are there any unpaid property taxes on the subject property?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Use the space below to explain any "Yes" answers to the preceding three questions. Attach additional documentation as necessary.

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

C. **COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO).** If applying for set-aside funds for a CHDO, please indicate if your organization is currently certified as a CHDO and by whom. If interested in being considered for CHDO funds from Dane County, the CHDO certification packets for Dane County must be submitted prior to or in conjunction with this application.

<input type="checkbox"/>	No, not currently certified and not applying for CHDO funds.
<input type="checkbox"/>	Want to be considered for CHDO funds and will submit materials for certification.
<input type="checkbox"/>	Yes, currently certified by Dane County.
<input type="checkbox"/>	Yes, currently certified by another entity:

D. **PROPERTY MANAGER:** Indicate the name and contact information for the Management Company for the Property.

Name:	
Address:	
City, State, Zip:	
Primary Contact Person and Title:	
Telephone:	
Alternative Phone:	
Fax:	
Email Address:	





## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

F. **PROJECT ASSISTANCE:** Please indicate the subsidy source if this project is receiving project based federal rental assistance.

ASSISTANCE TYPE		NUMBER OF UNITS
<input type="checkbox"/>	Rural Development/Rental Assistance	
<input type="checkbox"/>	Section 221(d)(3) BMIR	
<input type="checkbox"/>	Section 236	
<input type="checkbox"/>	Section 8 Rent Supplement or Rental Assistance Payment	
<input type="checkbox"/>	Section 8 Housing Assistance Payment Contract	
<input type="checkbox"/>	Other, Specify	

G. **PROJECT NEED:** In the space below, provide a brief description of the need(s) or problem(s) that will be addressed.



## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

### PROJECT APPROACH

- H. **SCOPE OF WORK:** In the space below, provide a detailed description of the work that will be undertaken and describe how it will address the identified problem. Include information on any partnerships that have been or will be formed in order to ensure the success of the project

## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

- I. **\*RELOCATION:** In the space below, indicate whether any residents will need to be relocated during the project and the notices and plans for relocation. This includes the displacement of families, households, partnerships, businesses, etc. from their homes or businesses. If yes, describe the assistance your organization expects to provide and the amount of funds allocated to do so.

## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

- J. **ARCHITECTURAL/ENGINEERING DESIGN:** In the space below, describe any architectural/engineering design work, such as preparing plans, drawings, specifications, work write-ups, and/or cost estimates that has been or will be undertaken for this project. NOTE: In order for these costs to be covered, HUD procurement requirements must be followed.

- K. **PROJECT MANAGER:** If a Project Manager has already been identified, please provide the requested information. Attach the resume to this application.

Name:	
Address:	
City, State, Zip:	
Primary Contact Person and Title:	
Telephone:	
Alternative Phone:	
Fax:	
Email Address:	

If a Project Manager has yet to be identified, please describe how one will be selected.

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

L. **WORK PLAN WITH TIMELINE AND MILESTONES:** In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and accomplishments from initiation through project completion. This should assume that contracts will be awarded in the second quarter of 2022 (April 1 – June 30, 2022). Add in extra quarters as needed. Examples of milestones are: date bid packages or request for quotes are let, date bids/quotes are due, date community awards contract(s), date of pre-construction conference with Contractor/County and municipality/agency to review Davis-Bacon requirements, date building permits are to be obtained, date work commences, etc.

ON OR BEFORE	MILESTONES
June 30, 2022	
September 30, 2022	
December 31, 2022	

M. **OUTREACH AND MARKETING INITIATIVES:** In the space below, provide a description of the outreach and marketing initiatives that will be undertaken to inform potential participants of the project, eligibility criteria, and method(s) by which they may participate.

N. **OTHER NARRATIVE REGARDING OUTCOMES/PROPOSED ACCOMPLISHMENTS:** In the space that follows, please answer the following questions:

1. Provide a description of the outcomes or expected benefits of this project for the population to be served.
  
2. Describe the risks to undertaking this project and your plans to address them.

## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

### EXPERIENCE AND QUALIFICATIONS

- O. **REHAB EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of your organization related to doing rehabilitation work.

- P. **INCOME DOCUMENTATION:** Describe the experience and qualifications of your organization related to performing income documentation for program eligibility.

## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

Q. **SERVICE IMPROVEMENT:** Describe any recent initiatives or best practices, programmatically or administratively, that have improved your organization's ability to deliver services.

R. **STAFF EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of key staff to be assigned to the project. Touch on experience with both income certification and management/oversight of rehabilitation projects. Be sure to attach resumes for key staff to the application.

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

**S. PERSONNEL SCHEDULE**

Please complete the Personnel Schedule for all staff who will be assigned to this project. If the project will continue into 2023, complete the second table as well.

- Column 1) each individual staff position by title.
- Columns 2) indicate the full time equivalent (FTE) of each position in the noted year.
- Column 3) indicate the estimated total salary for that staff position for noted year.
- Column 4) indicate the estimated number of hours that this staff person will work on this project.
- Column 5), for each staff person whose time will be charged to this project, please indicate the amount of funds being requested for this individual through the CDBG Program. Do not include payroll taxes or benefits in this table.

1) POSITION TITLE	2022 ESTIMATED		CDBG-FUNDED	
	2) FTE	3) TOTAL SALARY	4) ESTIMATED HOURS ON THIS PROJECT	5) CDBG – FUNDED AMOUNT OF SALARY

Complete this second table only for projects that will continue into 2023.

1) POSITION TITLE	2023 ESTIMATED		CDBG-FUNDED	
	2) FTE	3) TOTAL SALARY	4) ESTIMATED HOURS ON THIS PROJECT	5) CDBG – FUNDED AMOUNT OF SALARY

T. **LIST PERCENT OF STAFF TURNOVER** \_\_\_\_\_% Divide the number of resignations or terminations in calendar year 2020 by the total number of budgeted positions. Do not include seasonal positions. Explain if you had 20% or more turnover in a certain staff position/category. Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

U. **AGENCY GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled for or is expected to schedule for 2021? \_\_\_\_\_

Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

<b>Board President's Name</b>		<b>Board Vice-President's Name</b>		<b>Name</b>	
<b>Home Address</b>		<b>Home Address</b>		<b>Home Address</b>	
<b>Occupation</b>		<b>Occupation</b>		<b>Occupation</b>	
<b>Representing</b>		<b>Representing</b>		<b>Representing</b>	
<b>Term of Office</b>	<b>From:</b> (DD/MM/YY)	<b>To:</b> (DD/MM/YY)	<b>Term of Office</b>	<b>From:</b> (DD/MM/YY)	<b>To:</b> (DD/MM/YY)
<b>Board Secretary's Name</b>		<b>Board Treasurer's Name</b>		<b>Name</b>	
<b>Home Address</b>		<b>Home Address</b>		<b>Home Address</b>	
<b>Occupation</b>		<b>Occupation</b>		<b>Occupation</b>	
<b>Representing</b>		<b>Representing</b>		<b>Representing</b>	
<b>Term of Office</b>	<b>From:</b> (DD/MM/YY)	<b>To:</b> (DD/MM/YY)	<b>Term of Office</b>	<b>From:</b> (DD/MM/YY)	<b>To:</b> (DD/MM/YY)
<b>Name</b>		<b>Name</b>		<b>Name</b>	
<b>Home Address</b>		<b>Home Address</b>		<b>Home Address</b>	
<b>Occupation</b>		<b>Occupation</b>		<b>Occupation</b>	
<b>Representing</b>		<b>Representing</b>		<b>Representing</b>	
<b>Term of Office</b>	<b>From:</b> (DD/MM/YY)	<b>To:</b> (DD/MM/YY)	<b>Term of Office</b>	<b>From:</b> (DD/MM/YY)	<b>To:</b> (DD/MM/YY)
<b>Name</b>		<b>Name</b>		<b>Name</b>	
<b>Home Address</b>		<b>Home Address</b>		<b>Home Address</b>	





## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

V. **STAFF/BOARD/VOLUNTEERS DESCRIPTORS:** For your agency's **2021** staff, board and volunteers, indicate by number and percentage the following characteristics.

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
<b>TOTAL</b>		<b>100%</b>		<b>100%</b>		<b>100%</b>
<b>GENDER</b>						
MALE						
FEMALE						
<b>AGE</b>						
LESS THAN 18 YRS						
18 – 59 YRS						
60 AND OLDER						
<b>RACE</b>						
WHITE						
BLACK						
HISPANIC						
NATIVE AMERICAN						
ASIAN/PACIFIC ISLE						
MULTI-RACIAL						
<b>ETHNICITY</b>						
HISPANIC						
NON-HISPANIC						
<b>PERSONS WITH DISABILITIES</b>						

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

**PROGRAM BUDGET AND MATCHING FUNDS**

W. **BUDGET SUMMARY:** Indicate the sources and terms of all funds that will be used toward this project.

SOURCE	AMOUNT	RATE (%)	TERM (Years)	AMORT PERIOD (Years)	ANNUAL DEBT SERVICE
TOTAL					

X. **MATCH:** Describe the sources and amounts of any funds that will be contributed by your organization for this project in the space below. Further identify funding sources that have been contacted and the results of these contacts.

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

Y. **LIENS:** In the space below, list all liens against the property.

LIEN HOLDER	AMOUNT	BALANCE	RATE (%)	TERM (Years)	ANNUAL DEBT SERVICE

Z. **FUNDS NEEDED:** In the space below, please describe why HOME funds are needed to ensure the viability of this project. Also describe how funds are being used to address greatest need and how that determination was made. Can all funds awarded in 2022 be reasonably expected to be expended? If this is a multi-year project, what amount of funds will be spent in each year?

## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

AA. **COST BASIS:** In the space below, describe the basis for how cost estimates contained in the Project Budget were obtained/identified.

BB. **DETAILED PROJECT BUDGET:** Following the description of allowable costs that may be charged to the CDBG and HOME Programs is the Project Budget. Complete the budget identifying the amount and source of all funds and their uses. Use additional pages as necessary. An Excel file may be submitted in lieu of this Project Budget provided that it contains all of the same column and row headers.

CC. **DETAILED 2022 OPERATING COSTS:** Following the Project Budget is the Detailed 2020 Operating Costs. Complete the Operating Budget identifying the income and expenses. Use additional pages as necessary. An Excel file may be submitted in lieu of the Detailed 1 Year Operating Budget provided that it contains all of the same column and row headers.

DD. **OPERATING BUDGET:** Following the Detailed Operating Budget is the 15-Year Operating Budget. Complete the Operating Budget identifying the income and expenses. Use additional pages as necessary. An Excel file may be submitted in lieu of the Operating Budget provided that it contains all of the same column and row headers.

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

**HOME Allowable Project Costs**

Item	Project Related Costs
<b>a. Development Hard Costs (applicable to project)</b>	
1. Costs to meet Uniform Dwelling Code (UDC) and other applicable new construction standards of the State, County, or local municipality. (24 CFR 92.206 a.1.)	X
2. Costs to meet the Model Energy Code referred to in Sec. 92.251 (24 CFR 92.206 a.1.)	X
3. For rehabilitation, to meet the property standards in 24 CFR 92.251. (24 CFR 92.206 a.2.i.)	
4. For rehabilitation, costs to make essential improvements, including energy-related repairs or improvements, improvements necessary to permit use by persons with disabilities, and the abatement of lead-based paint hazards, as required by part 35 of this title. (24 CFR 92.206 a.2.ii.)	X
5. Costs to demolish existing structures. (24 CFR 92.206 a.3.i.)	X
6. Costs to make utility connections including off-site connections from the property line to the adjacent street. (24 CFR 92.206 a.3.ii.)	X
7. Costs to make improvements to the project site that are in keeping with the improvements of surrounding, standard projects. Site improvements may include on-site roads and water and sewer lines necessary to the development of the project. The project site is the property, owned by the project owner, upon which the project is located. (24 CFR 92.206 a.3.iii.)	X
8. For both new construction and rehabilitation of multifamily rental housing, costs to construct or rehabilitate laundry and community facilities which are located within the same building as the housing and which are for the use of the project residents and their guests. (24 CFR 92.206 a.4.)	X
9. Costs to make utility connections or to make improvements to the project site, in accordance with the provisions of 92.206(a)(3)(ii) and (iii) are also eligible in connection with the acquisition of standard housing. (24 CFR 92.206 a.5.)	X
10. Acquisition costs. Costs of acquiring improved or unimproved property, including acquisition by homebuyers. . (24 CFR 92.206 c.)	X
<b>b. Related Soft Costs</b>	
11. Architectural, engineering, or related professional services required to prepare plans, drawings, specifications, or work write-ups. (24 CFR 92.206 d.1.)	X
12. Costs to process and settle the financing for a project, such as private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorneys fees, private appraisal fees, and fees for an independent cost estimate, builders or developers fees. (24 CFR 92.206 d.2.)	X
13. Costs of a project audit. (24 CFR 92.206 d.3.)	X
14. Staff and overhead costs <b>DIRECTLY</b> related to carrying out the project, such as work specifications preparation, loan processing	X

## SECTION 6 – REQUIRED FORMS – ATTACHMENT B

Item	Project Related Costs
15.	X
16.	X
17.	X
c. <b>Relocation costs</b> for persons displaced by the project.	
18.	X
19.	X

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

**PROJECT BUDGET**

Include the amount and source(s) of all project funding.

USES	TOTAL PROJECT BUDGET	SOURCES					
		HOME	SOURCE:	SOURCE:	SOURCE:	SOURCE:	SOURCE:
<b>CONSTRUCTION:</b>							
Construction							
Soils/Site Preparation							
Construction Manag.							
Landscaping, signage							
Construction Interest							
Permits; print plans							
Other:							
<b>FEES:</b>							
Appraisal							
Architect							
Engineering							
*Accounting							
*Legal							
*Development Fee							
*Leasing Fee							
Other:							
<b>RELOCATION COSTS:</b>							
Advisory Services							
Payments							
Staff and Overhead							



**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

**2022 OPERATING COSTS**

<b>Expense</b>	<b>Amount</b>
<b>Rent Expense</b>	
Advertising/Marketing Expense	
Conventions and Meetings	
Management Consultants	
Other:	
Subtotal Rent Expenses	
<b>Administrative Expenses</b>	
Office Salaries	
Office Expenses	
Office or Model Apartment Rent	
Management Fee – Residential Rents	
Management Fee – Commercial Rents	
Management Fee – Misc. Income	
Manager/Superintendent Salaries	
Administrative Rent-free Unit	
Legal Expenses	
Auditing Expenses	
Bookkeeping Fees/Accounting Services	
Bad Debt Expense	
Misc. Administrative Expenses	
Subtotal Administrative Expenses	
<b>Utilities Expenses</b>	
Fuel Oil	
Electricity (Light & Misc. Power)	
Water	
Gas	
Sewer	
Owner-paid unit amenities	
Subtotal Utilities Expenses	
<b>Operating and Maintenance Expenses</b>	
Payroll	
Supplies	
Contracts	
Operating and Maintenance Rent Free Unit	
Garbage and Trash Removal	
Security Payroll/Contract (incl. taxes and benefits)	
Security Rent Free Unit	
Heating/Cooling Repairs & Maintenance	
Snow Removal	
Vehicle/Maintenance Operating & Maintenance Expenses	
Subtotal Operating	
<b>Taxes and Insurance</b>	
Real Estate & Personal Property Taxes	
Payroll Taxes	
Property and Liability Insurance (Hazard)	
Fidelity Bond Insurance	
Workmen's Compensation	
Health Insurance and Other Employee Benefits	

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

<b>Expense</b>	<b>Amount</b>
Misc. Taxes, Licenses, Permits, and Insurance	
Subtotal Taxes and Insurance	
<b>Total Service Expense</b>	
Dietary Salaries	
Dietary Purchased Service	
Food	
Registered Nurse Salary	
Housekeeping Salary	
Housekeeping Supplies	
Other Housekeeping	
Housekeeping Purchased Services	
Medical Supplies	
Medical Purchased Services	
Laundry/Linen	
Laundry Supplies	
Medical Records Salary	
Medical Records Supplies	
Medical Records Purchased Services	
Recreation/Rehab	
Activities Supplies	
Activities Purchased Services	
Rehab Salaries	
Rehab Supplies	
Rehab Purchased Services	
Other Support Services:	
Subtotal Service Expenses	
Tax Credit Monitoring Fees	
Annual Replacement Reserves	
Total Operating Expenses	
Total Units	
Per Unit Per Month	



**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

	<b>Year 11</b>	<b>Year 12</b>	<b>Year 13</b>	<b>Year 14</b>	<b>Year 15</b>
<b>INCOME</b>					
Gross Potential Rent					
Vacancy					
Other Income					
Total Income					
<b>OPERATING EXPENSES</b>					
Marketing					
Payroll					
Other Administrative Costs					
Management Fees					
Utilities					
Security					
Maintenance Expenses					
Property Taxes					
Insurance					
Reserves for Replacement					
Total Operating Expenses					
Net Operating Income					
Debt Service					
Asset Management					
Cash Flow					

**SECTION 6 – REQUIRED FORMS – ATTACHMENT B**

PROJECT							
CONTINGENCY							
OTHER (specify)							
TOTALS							

Each funding source and amount must be listed separately.