**ATTACHMENT 4d: QUALIFYING PROJECT FORM – Services**

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| --- | --- |
| **Experience Category** | d. Services Provider |
| **Example Number (i.e. 1 of 2)** |  |
| **Project Name and Address** |  |
| **Services Company Name** |  |
| **Building Owner Name** |  |
| **Property Manager Name** |  |
| **Services Contract Dates** | Start Date: |
| **Total Number of Residential Units** |  |
| **Unit Information** ( | |  |  | | --- | --- | | Unit Size | # Units | | Studio |  | | 1-br |  | | 2-br |  | | 3-br |  | | 4-br |  |   Total Number of Units: \_\_\_\_\_\_\_\_\_\_\_\_  Average Restricted Affordability Level: \_\_\_\_\_\_\_\_\_\_\_\_  Number of Formerly Homeless Households: \_\_\_\_\_\_\_\_\_\_\_ |
| **Describe Households Served** | |  |  | | --- | --- | | **Type of Households** | # Units | | Households with Children |  | | Seniors |  | | Adults |  | | Transitional Age Youth |  | | Formerly Homeless |  | | Other: |  | |
| **Rental Project? (Y/N)** |  |
| **Building Amenities Included** (*i.e.* community room, front desk, laundry, resident courtyards) |  |
| **What is the Per Unit Per Annum Services Expense?** |  |
| **What are the sources of funds for these Services?** |  |
| **Services Budget Variance** (describe any variance from budget, reasons and source of funds to cover additional costs) |  |
| **Housing is funded by government program (Y/N)?** (briefly describe) |  |
| **Incorporated principles of racial equity in provision of services? (Y/N)** |  |
| **Incorporated strategies for collaborating with property management on housing stability for residents? (Y/N).** |  |
| **Organization has infrastructure to supervise and train onsite staff and their supervisors? (Y/N)** |  |

Add additional information here that demonstrates that the Services Provider meets the Minimum Qualifications.

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