**ATTACHMENT A**

**DDS Preliminary Project Profile / FCF Pre-Application**

 Funds Applied for:

Project Sponsor: FCF:

Sponsor Address: CH.689:

Sponsor Contact Person: Hud 811

Phone Number: HIF:

Email Address: Other:

Proposed Project Address / Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Projected Residents: \_\_\_\_**

**Preliminary Description of Residents**:

Characteristics: e.g. mobility, vision, age, etc.

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Description of Proposed Project: (e.g. new construction, renovation and addition, addition of bedroom/s/bath/s, unique features)

Project Description:

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Scope of Work: (e.g. new roof, new windows, new bathroom/s, new accessibility, etc.)

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**Project Outcome:**

Number of bedrooms:

 Number of baths:

 Accessibility: Egress: \_\_\_\_\_ Living Area: \_\_\_\_\_ Kitchen: \_\_\_\_\_\_Baths:\_\_\_\_\_\_

 Total Usable Sq. Ft.: \_\_\_\_\_\_\_\_\_

DDS Contact Person:

Project Origination: DDS: \_\_\_\_\_\_ Project Sponsor: \_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Category | Projected Cost | Notes |
| Project Acquisition |  |  |
| Project Soft Costs |  |  |
| Project Hard Costs |  |  |
| Project TDC |  |  |

**Total Development Cost: FCF Request:**

**Total Usable Square Footage: FCF Cost per Bedroom:**

**Cost per Square Foot: Other Subsidies:**

**Cost Per bedroom: HUD 811: C. 689**

 **HIF:**

 **MASSHOUSING:**

 **Local Community:**

 **Other:**

**DDS Reviews (name and date)**

**Area Office:**

**Regional Office:**

**Central Office:**

**Operations:**

**Quality Management:**