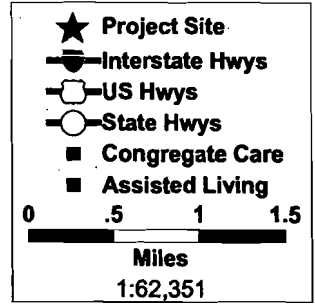
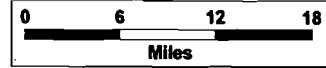
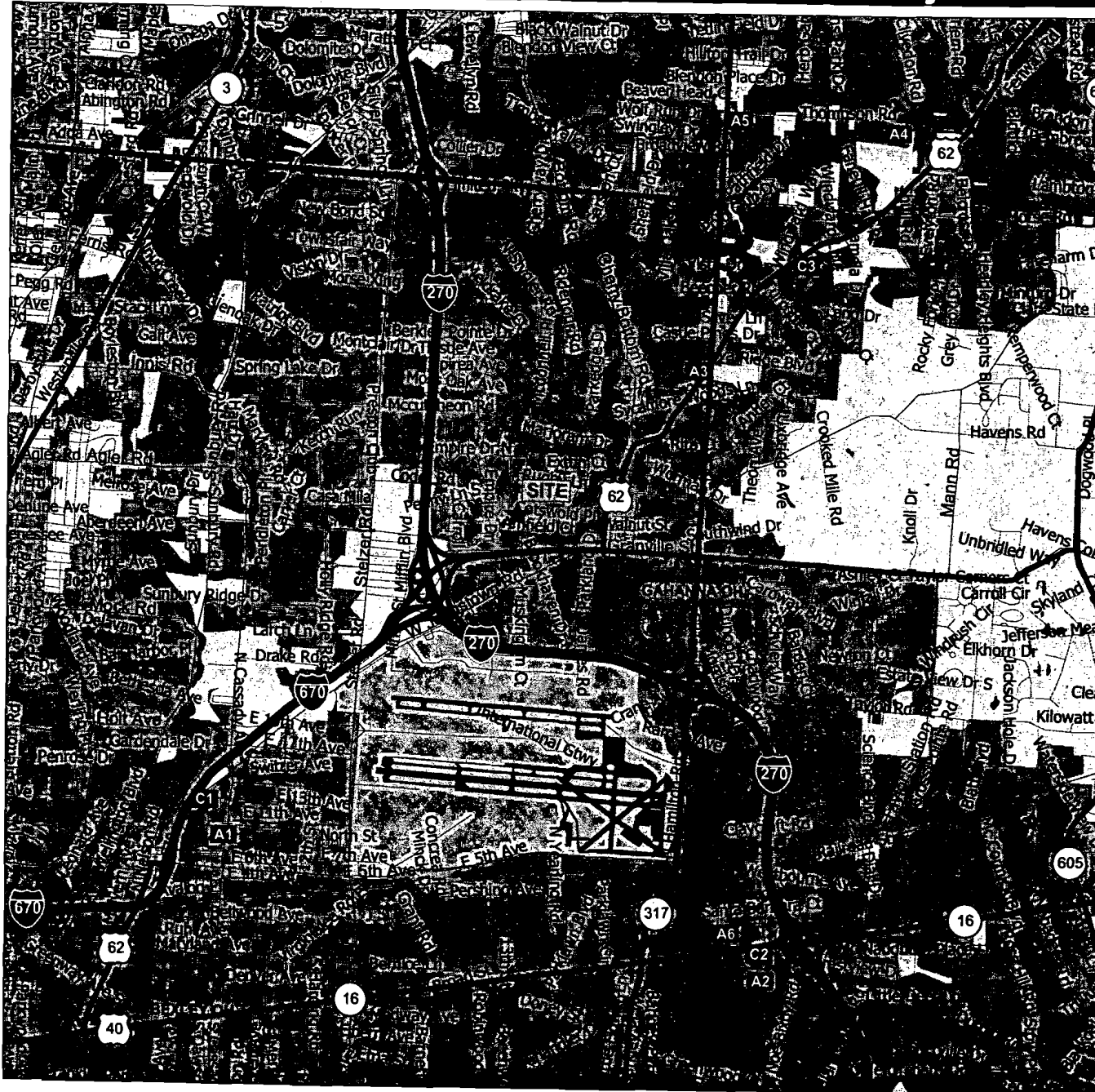


ADDENDUM A
FIELD SURVEY
OF
SENIOR
RESIDENTIAL FACILITIES

Gahanna, OH: Senior Facility Locations



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**MAP IDENTIFICATION LIST
GAHANNA, OH
JUNE 2007**

MAP ID	PROJECT NAME	PROFIT/ NONPROFIT	YEAR BUILT	TOTAL BEDS/UNIT	VACANT	OCCUPANCY RATE
A-1	Village Courtyards at Kensington Place	NONPROFIT	1992	186	6	96.8%
C-1	Kensington Place	NONPROFIT	1992	126	2	98.4%
A-2	Mother Angeline McCrory Manor	NONPROFIT	2005	147	0	100.0%
C-2	Villas at St. Therese	NONPROFIT	1998	42	2	95.2%
A-3	Sunrise of Gahanna	PROFIT	1997	64	0	100.0%
C-3	The Worthington	PROFIT	2006	112	8	92.9%
A-4	New Albany Gardens	PROFIT	1998	36	2	94.4%
A-5	Summerville at Chestnut Hill	PROFIT	1993	110	1	99.1%
A-6	Woodlands Assisted Living	PROFIT	2001	105	4	96.2%

■	ASSISTED LIVING
■	NURSING CARE FACILITY
■	CONGREGATE CARE
■	INDEPENDENT LIVING

**DISTRIBUTION OF UNITS AND VACANCIES
GAHANNA, OH
JUNE 2007**

CONGREGATE CARE						
BED TYPE	MONTHLY FEE	ENTRANCE FEES	UNITS	SHARE	VACANT	% OCCUPIED
STUDIO	\$1,488 - \$3,408	-	98	35.0%	6	93.9%
ONE BEDROOM	\$2,075 - \$2,848	-	100	35.7%	1	99.0%
TWO BEDROOM	\$2,775 - \$3,183	-	74	26.4%	5	93.2%
OTHER	\$4,146	-	8	2.9%	0	100.0%
			280	100.0%	12	95.7%

ASSISTED LIVING						
BED TYPE	MONTHLY FEE	SECOND PERSON	UNITS	SHARE	VACANT	% OCCUPIED
STUDIO	\$1,800 - \$4,470	\$1,350 - \$1,350	140	21.6%	5	96.4%
ONE BEDROOM	\$2,100 - \$6,300	\$1,350 - \$1,350	370	57.1%	4	98.9%
TWO BEDROOM	\$2,250 - \$5,700	-	76	11.7%	2	97.4%
ALZ/DEM	\$3,810 - \$4,470	-	62	9.6%	2	96.8%
			648	100.0%	13	98.0%

* - Daily Fee

**PROJECT LISTING
GAHANNA, OH
JUNE 2007**

MAP ID	NAME / LOCATION	BUILDING INFORMATION	RATINGS / LICENSURE	COMMENTS
C-1	Kensington Place 1001 Parkview Blvd. Columbus, OH 43081 (614) 252-5276 Contact Patricia	Year Built 1992 Year Renovated Total Units 126 Occupancy Rate 98.4% Private Pay 100.0%	Building Appearance B Ease of Access B- Neighborhood Rating C+ Licensure	Unit breakdown estimated; Lutheran Village facility
C-2	Villas at St. Therese 25 Noe-Bixby Rd. Columbus, OH 43213 (614) 864-3576 Contact Sister Francis	Year Built 1998 Year Renovated Total Units 42 Occupancy Rate 95.2% Private Pay 100.0%	Building Appearance A Ease of Access B+ Neighborhood Rating B Licensure	Garages are available for \$150/month
C-3	The Worthington 1201 Riva Ridge Ct. Gahanna, OH 43230 (614) 933-8640 Contact Patty	Year Built 2006 Year Renovated Total Units 112 Occupancy Rate 92.9% Private Pay 100.0%	Building Appearance A Ease of Access B+ Neighborhood Rating B+ Licensure	Balconies; Property still in lease-up; Square footage & unit mix estimated
A-1	Village Courtyards at Kensington Place 935 N. Cassady Ave. Columbus, OH 43219 (614) 257-4343 Contact Patricia	Year Built 1992 Year Renovated Total Units 186 Occupancy Rate 96.8% Private Pay 100.0%	Building Appearance B Ease of Access B- Neighborhood Rating C+ Licensure RCF	Unit breakdown estimated; Range in fees accounts for range in level of care
A-2	Mother Angeline McCrory Manor 25 Noe-Bixby Rd. Columbus, OH 43213 (614) 751-5700 Contact Sandy	Year Built 2005 Year Renovated Total Units 147 Occupancy Rate 100.0% Private Pay 90.0%	Building Appearance A Ease of Access B+ Neighborhood Rating B Licensure RCF	
A-3	Sunrise of Gahanna 775 E. Johnstown Rd. Gahanna, OH 43230 (614) 418-9775 Contact Truli	Year Built 1997 Year Renovated Total Units 64 Occupancy Rate 100.0% Private Pay 100.0%	Building Appearance B+ Ease of Access B+ Neighborhood Rating B Licensure RCF	Levels of care are a minimum of \$900; Square footage estimated; Wait list: 4 persons
A-4	New Albany Gardens 5691 Thompson Rd. Columbus, OH 43230 (614) 855-8866 Contact Jessica	Year Built 1998 Year Renovated Total Units 36 Occupancy Rate 94.4% Private Pay 100.0%	Building Appearance B+ Ease of Access B- Neighborhood Rating A- Licensure RCF	There is a 67 unit nursing care facility on-site for \$229 per month for a private unit & \$199 per month for a semi-private unit

■	ASSISTED LIVING
■	NURSING CARE FACILITY
■	CONGREGATE CARE
■	INDEPENDENT LIVING

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**PROJECT LISTING
GAHANNA, OH
JUNE 2007**

MAP ID	NAME / LOCATION	BUILDING INFORMATION	RATINGS / LICENSURE	COMMENTS
A-5	Summerville at Chestnut Hill 5055 Thompson Rd. Columbus, OH 43230 (614) 855-3700 Contact Jill	Year Built 1993 Year Renovated Total Units 110 Occupancy Rate 99.0% Private Pay 100.0%	Building Appearance A Ease of Access A- Neighborhood Rating B+ Licensure RCF	All levels of care based on point system; Summerbrook Memory Care located on-site for Alz./Dem. Patients
A-6	Woodlands Assisted Living 5380 E. Broad St. Columbus, OH 43213 (614) 755-7591 Contact Amanda	Year Built 2001 Year Renovated Total Units 105 Occupancy Rate 96.2% Private Pay 100.0%	Building Appearance B Ease of Access B- Neighborhood Rating B- Licensure RCF	In the fees, the low cost does not include "hands on assistance"

■	ASSISTED LIVING
■	NURSING CARE FACILITY
■	CONGREGATE CARE
■	INDEPENDENT LIVING

**UNIT AMENITIES
GAHANNA, OH
JUNE 2007**

MAP ID	AIR CONDITIONING	WINDOW TREATMENTS	CARPETING	DISHWASHER	DISPOSAL	EMERGENCY CALL SYSTEM	MICROWAVE	RANGE	REFRIGERATOR	PORCH/PATIO	EXTRA STORAGE	OTHER
A-1	X	X	X			X		S				
A-2	X	B	X			X			S			
A-3	X		X			X			S			
A-4	X	X	X			X			S			
A-5	X	B	X			X	X	S	X			
A-6	X	X	X			X	X		S			
C-1	X		X	X	X	X		F	F		X	
C-2	X	B	X	X		X		F	F			
C-3	X		X			X			F	X		

■	ASSISTED LIVING
■	NURSING CARE FACILITY
■	CONGREGATE CARE
■	INDEPENDENT LIVING

X	ALL UNITS
S	SOME UNITS
O	OPTIONAL

B	BLINDS
C	CURTAINS
D	DRAPES

F	FULL
M	MINI/SMALL

**PROJECT AMENITIES
GAHANNA, OH
JUNE 2007**

MAP ID	BANK	BEAUTY/BARBER SHOP	BILIARDS AREA	CHAPEL	LOUNGES	CRAFT/HOBBY ROOM	PUBLIC DINING ROOM	PRIVATE DINING ROOM	ELEVATOR	EXERCISE ROOM	GIFT SHOP	HEALTH CENTER	ICE CREAM PARLOR	LAUNDRY ROOM	SNACK BAR	LIBRARY	SWIMMING POOL	WHIRLPOOL/SPA	MOVIE THEATER	SECURED ENTRANCE	OUTSIDE WALK PATH	COMMUNITY ROOM	OTHER
A-1	X	X	X	X	X	X	X	X		X		X			X	X		X	X	X	X	X	
A-2		X		X	X	X	X	X	X	X		X	X	F	X	X		X	X	X	X	X	
A-3		X			X		X								X								CONCIERGE
A-4		X			X		X	X							X				X	X	X		
A-5		X	X	X	X	X	X	X				X		F		X		X	X	X	X	X	
A-6		X	X	X	X	X	X	X				X			X	X			X		X	X	
C-1	X	X	X	X	X	X	X	X	X	X		X			X	X		X	X	X	X	X	CONCIERGE
C-2		X		X	X	X	X	X	X	X		X	X	F	X	X		X	X	X	X	X	
C-3		X	X	X	X	X	X	X	X	X				F		X				X		X	

ASSISTED LIVING
 NURSING CARE FACILITY
 CONGREGATE CARE
 INDEPENDENT LIVING

F - FREE
 C - COIN

**FEE STRUCTURE/ADDITIONAL LEVELS OF CARE COSTS
GAHANNA, OH
JUNE 2007**

STUDIO						
MAP ID	BASE RATE (PRIVATE)	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	RANGE
A-1	\$2,730 - \$4,470	\$0	\$0	\$0	\$0	\$2,730 - \$4,470
A-4	\$3,180	\$120	\$300	\$0	\$0	\$3,180 - \$3,480
A-5	\$2,450 - \$2,700	\$300	\$600	\$900	\$1,200	\$2,450 - \$3,900
A-6	\$1,800 - \$2,550	\$60	\$180	\$0	\$0	\$1,800 - \$2,730

ONE-BEDROOM						
MAP ID	BASE RATE (PRIVATE)	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	RANGE
A-1	\$3,990 - \$5,160	\$0	\$0	\$0	\$0	\$3,990 - \$5,160
A-2	\$6,300	\$0	\$0	\$0	\$0	\$6,300 - \$6,300
A-3	\$3,330	\$900	\$0	\$0	\$0	\$3,330 - \$4,230
A-5	\$4,400	\$300	\$600	\$900	\$1,200	\$4,400 - \$5,600
A-6	\$2,100 - \$2,850	\$60	\$180	\$0	\$0	\$2,100 - \$3,030

TWO-BEDROOM						
MAP ID	BASE RATE (PRIVATE)	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	RANGE
A-1	\$4,350 - \$5,700	\$0	\$0	\$0	\$0	\$4,350 - \$5,700
A-6	\$2,250 - \$3,300	\$60	\$180	\$0	\$0	\$2,250 - \$3,480

ALZHEIMER'S/DEMENTIA						
MAP ID	BASE RATE (PRIVATE)*	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	RANGE
A-1	\$4,470	\$0	\$0	\$0	\$0	\$4,470 - \$4,470
A-5	\$4,250	\$300	\$600	\$900	\$1,200	\$4,250 - \$5,450
A-6	\$3,810 - \$4,110	\$60	\$180	\$0	\$0	\$3,810 - \$4,290

* - Daily Fee

■	ASSISTED LIVING
■	NURSING CARE FACILITY
■	CONGREGATE CARE
■	INDEPENDENT LIVING

**UNITS SIZE BY
BEDROOM TYPE AND MAP CODE
GAHANNA, OH
JUNE 2007**

CONGREGATE CARE					
MAP ID		SLEEPING ROOM	STUDIO	ONE BEDROOM	TWO BEDROOM
C-1	Kensington Place		494 - 567	678 - 1002	998 - 1036
C-2	Villas at St. Therese		250 - 300		
C-3	The Worthington		388 - 476	672 - 750	800 - 971

ASSISTED LIVING					
MAP ID		SLEEPING ROOM	STUDIO	ONE BEDROOM	TWO BEDROOM
A-1	Village Courtyards at Kensington Place		150	225	310
A-2	Mother Angeline McCrory Manor			300	
A-3	Sunrise of Gahanna			350	
A-4	New Albany Gardens		400		
A-5	Summerville at Chestnut Hill		225 - 275	300	
A-6	Woodlands Assisted Living		285	388	570

■	ASSISTED LIVING
■	NURSING CARE FACILITY
■	CONGREGATE CARE
■	INDEPENDENT LIVING

ADDENDUM B: FIELD SURVEY OF CONVENTIONAL RENTALS

GAHANNA, OHIO

The following section is a field survey of conventional rental properties. These properties were identified through a variety of sources including area apartment guides, yellow page listings, government agencies, the Chamber of Commerce, and our own field inspection. The intent of this field survey is to evaluate the overall strength of the existing rental market, identify trends that impact future development, and identify those properties that would be considered most comparable to the subject site.

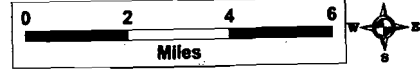
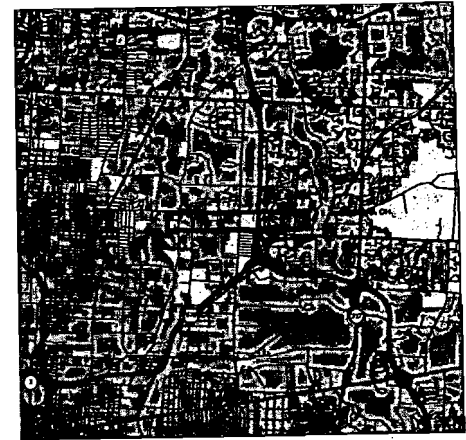
The field survey has been organized by the type of project surveyed. Properties have been color coded to reflect the project type. Projects have been designated as market-rate, Tax Credit, government-subsidized, or a combination of the three project types. The field survey is organized as follows:

- A color-coded map indicating each property surveyed and the project type followed by a list of properties surveyed.
- Properties surveyed by name, address, telephone number, project type, year built or renovated (if applicable), number of floors, total units, occupancy rate, quality rating, rent incentives, and Tax Credit designation. Housing Choice Vouchers and Rental Assistance are also noted here. Note that projects are organized by project type.
- Distribution of non-subsidized and subsidized units and vacancies in properties surveyed.
- Listings for unit and project amenities, parking options, optional charges, utilities (including responsibility), and appliances.
- Collected rent by unit type and bedrooms.
- Unit size by unit type and bedrooms.
- Calculations of rent per square foot (all utilities are adjusted to reflect similar utility responsibility). Data is summarized by unit type.
- An analysis of units, vacancies, and median rent. Where applicable, non-subsidized units are distributed separately.
- An analysis of units added to the area by project construction date and, when applicable, by year of renovation.
- Aggregate data and distributions for all non-subsidized properties are provided for appliances, unit amenities and project amenities.

- A rent distribution is provided for all market-rate and non-subsidized Tax Credit units by unit type. Note that rents are adjusted to reflect common utility responsibility.
- Aggregation of projects by utility responsibility (market-rate and non-subsidized Tax Credit only).
- A utility allowance worksheet.

Note that other than the property listing following the map, data is organized by project types. Market-rate properties (blue designation) are first followed by variations of market-rate and Tax Credit properties. Non-government subsidized Tax Credit properties are red and government-subsidized properties are yellow. See the color codes at the bottom of each page for specific project types.

Gahanna, OH: Apartment Locations



Project Site
 Interstate Hwys
 US Hwys
 State Hwys
 GSS
 Tax
 0 .1 .2 .3
 Miles
 1:18,496

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MAP IDENTIFICATION LIST - GAHANNA, OHIO

MAP ID	PROJECT NAME	PROJECT TYPE	YEAR BUILT	TOTAL UNITS	VACANT	OCCUPANCY RATE	DISTANCE TO SITE*
1	Stygler Commons (Site)	GSS	1992	32	0	100%	0.0
2	Stygler Village	GSS	1977	150	0	100%	0.1
3	New Salem Manor Apts.	GSS	1995	33	0	100%	2.5
4	Corban Commons	TAX	1999	90	0	100%	1.7

PROJECT TYPE	PROJECTS SURVEYED	TOTAL UNITS	VACANT	OCCUPANCY RATE
TAX	1	90	0	100.0%
GSS	3	215	0	100.0%

* - Drive Distance (Miles)

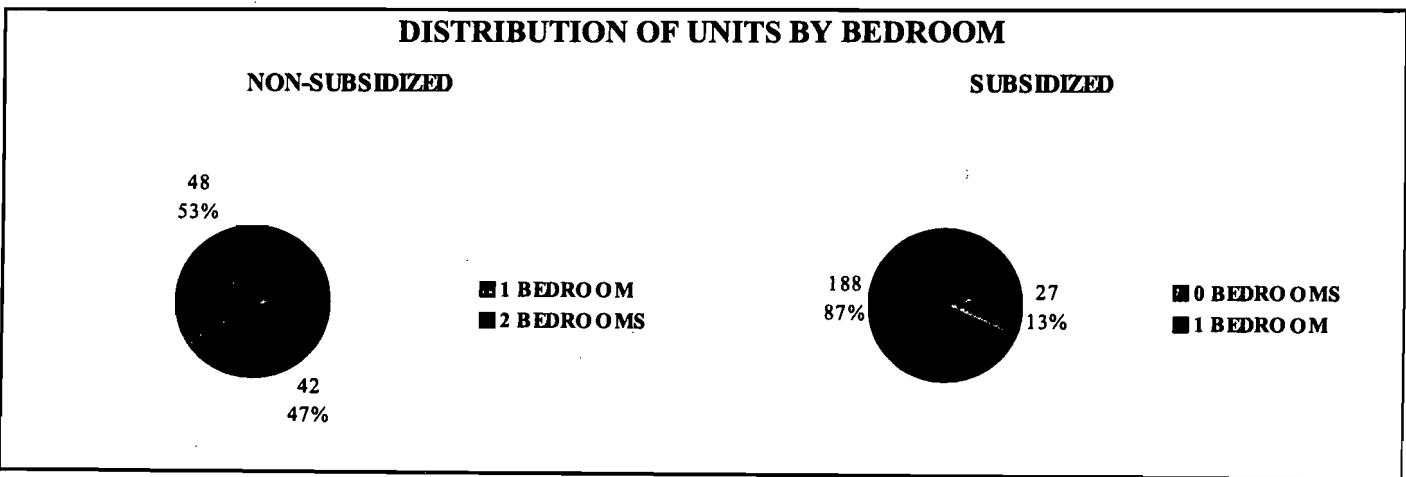
■	Market-rate
■	Market-rate/Tax Credit
■	Market-rate/Government-subsidized
■	Market-rate/Tax Credit/Government-subsidized
■	Tax Credit
■	Tax Credit/Government-subsidized
■	Government-subsidized

Surveyed - May 2007

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DISTRIBUTION OF UNITS - GAHANNA, OHIO

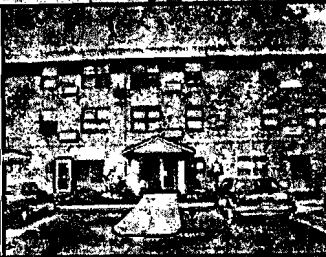

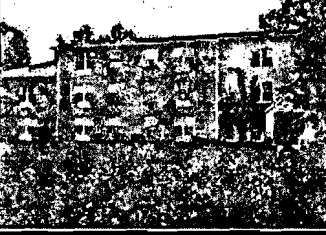

TAX CREDIT, NON-SUBSIDIZED						
BEDROOMS	BATHS	UNITS	DISTRIBUTION	VACANT	%VACANT	MEDIAN GROSS RENT
1	1	42	46.7%	0	0.0%	\$480
2	1	48	53.3%	0	0.0%	\$625
TOTAL		90	100.0%	0	0.0%	
GOVERNMENT-SUBSIDIZED						
BEDROOMS	BATHS	UNITS	DISTRIBUTION	VACANT	%VACANT	MEDIAN GROSS RENT
0	1	27	12.6%	0	0.0%	N.A.
1	1	188	87.4%	0	0.0%	N.A.
TOTAL		215	100.0%	0	0.0%	
GRAND TOTAL		305	100.0%	0	0.0%	



Surveyed - May 2007

VWV
vogtwilliams bower
RESEARCH

SURVEY OF PROPERTIES - GAHANNA, OHIO

1 Stygler Commons (Site)			
	Address 165 Stygler Rd. Columbus, OH 43230	Contact Christy Phone (614) 475-0552 (Contact by phone)	Total Units 32 Vacancies 0 Occupied 100.0% Floors 3 Quality Rating B Waiting List 3-6 months
	Year Open 1992 Project Type Government-subsidized Comments Government-subsidized, HUD Sections 8 & 202; 100% senior (62+); Unit mix and square footage estimated		
2 Stygler Village			
	Address 140 Imperial Dr. Gahanna, OH	Contact Ann Phone (614) 475-2255 (Contact in person)	Total Units 150 Vacancies 0 Occupied 100.0% Floors 4 Quality Rating B Waiting List 3-6 months
	Year Open 1977 Project Type Government-subsidized Comments Government-subsidized, HUD Section 202; 100% senior (62+) or disabled; Will be undergoing renovations later this year; Several residents would benefit from AL		
3 New Salem Manor Apts.			
	Address 2760 Sunbury Rd. Columbus, OH 43219	Contact Michaele Phone (614) 337-2190 (Contact by phone)	Total Units 33 Vacancies 0 Occupied 100.0% Floors 3 Quality Rating B Waiting List 1-2 months
	Year Open 1995 Project Type Government-subsidized Comments Government-subsidized, HUD Section 202; 100% senior (62+) or disabled		
4 Corban Commons			
	Address 3426 Corban Commons Dr. Columbus, OH 43219	Contact Vanessa Phone (614) 337-1577 (Contact by phone)	Total Units 90 Vacancies 0 Occupied 100.0% Floors 3 Quality Rating A- Waiting List 6-12 months
	Year Open 1999 Project Type Tax Credit Comments Tax Credit @ 40% (39 units) & 60% (51 units) AMHI; 100% senior (62+)		

<input checked="" type="checkbox"/>	Market-rate
<input checked="" type="checkbox"/>	Market-rate/Tax Credit
<input checked="" type="checkbox"/>	Market-rate/Government-subsidized
<input checked="" type="checkbox"/>	Market-rate/Tax Credit/Government-subsidized
<input checked="" type="checkbox"/>	Tax Credit
<input checked="" type="checkbox"/>	Tax Credit/Government-subsidized
<input checked="" type="checkbox"/>	Government-subsidized

Surveyed - May 2007

WVW
v o g t **williams bower**
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COLLECTED RENTS - GAHANNA, OHIO

MAP ID	GARDEN UNITS					TOWNHOUSE UNITS			
	STUDIO	1-BR	2-BR	3-BR	4+ BR	1-BR	2-BR	3-BR	4+ BR
4		\$358 to \$480	\$565 to \$625						

■	Market-rate
■	Market-rate/Tax Credit
■	Market-rate/Government-subsidized
■	Market-rate/Tax Credit/Government-subsidized
■	Tax Credit
■	Tax Credit/Government-subsidized
■	Government-subsidized

Surveyed - May 2007

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PRICE PER SQUARE FOOT - GAHANNA, OHIO

ONE-BEDROOM UNITS					
MAP ID	PROJECT NAME	BATHS	UNIT SIZE	GROSS RENT	\$ / SQ. FT.
4	Corban Commons	1	576	\$358 to \$480	\$0.62 to \$0.83
TWO-BEDROOM UNITS					
MAP ID	PROJECT NAME	BATHS	UNIT SIZE	GROSS RENT	\$ / SQ. FT.
4	Corban Commons	1	720	\$565 to \$625	\$0.78 to \$0.87

■	Market-rate
■	Market-rate/Tax Credit
■	Market-rate/Government-subsidized
■	Market-rate/Tax Credit/Government-subsidized
■	Tax Credit
■	Tax Credit/Government-subsidized
■	Government-subsidized

Surveyed - May 2007

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AVERAGE GROSS RENT PER SQUARE FOOT - GAHANNA, OHIO

MARKET-RATE			
UNIT TYPE	ONE-BR	TWO-BR	THREE-BR
GARDEN	\$0.00	\$0.00	\$0.00
TOWNHOUSE	\$0.00	\$0.00	\$0.00

TAX CREDIT (NON-SUBSIDIZED)			
UNIT TYPE	ONE-BR	TWO-BR	THREE-BR
GARDEN	\$0.74	\$0.83	\$0.00
TOWNHOUSE	\$0.00	\$0.00	\$0.00

COMBINED			
UNIT TYPE	ONE-BR	TWO-BR	THREE-BR
GARDEN	\$0.74	\$0.83	\$0.00
TOWNHOUSE	\$0.00	\$0.00	\$0.00

Surveyed - May 2007

VWV
v o g t w i l l i a m s b o w e n
RESEARCH

TAX CREDIT UNITS - GAHANNA, OHIO

ONE-BEDROOM UNITS						
MAP ID	PROJECT NAME	UNITS	SQUARE FEET	# OF BATHS	% AMHI	COLLECTED RENT
4	Corban Commons	18	576	1	40%	\$358
4	Corban Commons	24	576	1	60%	\$480
TWO-BEDROOM UNITS						
MAP ID	PROJECT NAME	UNITS	SQUARE FEET	# OF BATHS	% AMHI	COLLECTED RENT
4	Corban Commons	21	720	1	40%	\$565
4	Corban Commons	27	720	1	60%	\$625

Surveyed - May 2007

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MARKET-RATE PROJECTS AND UNITS

QUALITY RATING	PROJECTS	TOTAL UNITS	VACANCY RATE	MEDIAN GROSS RENT				
				STUDIOS	ONE-BR	TWO-BR	THREE-BR	FOUR-BR

TAX CREDIT (NON-SUBSIDIZED) PROJECTS AND UNITS

QUALITY RATING	PROJECTS	TOTAL UNITS	VACANCY RATE	MEDIAN GROSS RENT				
				STUDIOS	ONE-BR	TWO-BR	THREE-BR	FOUR-BR
A-	1	90	0.0%		\$480	\$625		

DISTRIBUTION OF UNITS BY QUALITY RATING

MARKET-RATE UNITS

TAX CREDIT UNITS



A-
100%

YEAR BUILT - GAHANNA, OHIO *

YEAR RANGE	PROJECTS	UNITS	VACANT	% VACANT	TOTAL UNITS	DISTRIBUTION
Before 1960	0	0	0	0.0%	0	0.0%
1960 to 1969	0	0	0	0.0%	0	0.0%
1970 to 1979	0	0	0	0.0%	0	0.0%
1980 to 1989	0	0	0	0.0%	0	0.0%
1990 to 1994	0	0	0	0.0%	0	0.0%
1995 to 1999	1	90	0	0.0%	90	100.0%
2000 to 2001	0	0	0	0.0%	90	0.0%
2002	0	0	0	0.0%	90	0.0%
2003	0	0	0	0.0%	90	0.0%
2004	0	0	0	0.0%	90	0.0%
2005	0	0	0	0.0%	90	0.0%
2006	0	0	0	0.0%	90	0.0%
2007**	0	0	0	0.0%	90	0.0%
TOTAL	1	90	0	0.0%	90	100.0 %

* Only Market-Rate and Tax Credit projects. Does not include government-subsidized projects.

** As of May 2007

Surveyed - May 2007

APPLIANCES AND UNIT AMENITIES - GAHANNA, OHIO

APPLIANCES			
APPLIANCE	PROJECTS	PERCENT	UNITS*
RANGE	1	100.0%	90
REFRIGERATOR	1	100.0%	90
ICEMAKER	0	0.0%	
DISHWASHER	0	0.0%	
DISPOSAL	1	100.0%	90
MICROWAVE	0	0.0%	
UNIT AMENITIES			
AMENITY	PROJECTS	PERCENT	UNITS*
AC - CENTRAL	1	100.0%	90
AC - WINDOW	0	0.0%	
FLOOR COVERING	1	100.0%	90
WASHER/DRYER	0	0.0%	
WASHER/DRYER HOOK-UP	0	0.0%	
PATIO/DECK/BALCONY	0	0.0%	
CEILING FAN	1	100.0%	90
FIREPLACE	0	0.0%	
BASEMENT	0	0.0%	
INTERCOM SYSTEM	1	100.0%	90
SECURITY SYSTEM	0	0.0%	
WINDOW TREATMENTS	1	100.0%	90
FURNISHED UNITS	0	0.0%	
E-CALL BUTTON	0	0.0%	

* - Does not include units where appliances/amenities are optional; Only includes market-rate or non-government subsidized Tax Credit.

Surveyed - May 2007

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PROJECT AMENITIES - GAHANNA, OHIO

PROJECT AMENITIES			
AMENITY	PROJECTS	PERCENT	UNITS
POOL	0	0.0%	
ON-SITE MANAGEMENT	1	100.0%	90
LAUNDRY	1	100.0%	90
CLUB HOUSE	0	0.0%	
MEETING ROOM	1	100.0%	90
FITNESS CENTER	0	0.0%	
JACUZZI/SAUNA	0	0.0%	
PLAYGROUND	0	0.0%	
TENNIS COURT	0	0.0%	
SPORTS COURT	0	0.0%	
STORAGE	1	100.0%	90
LAKE	0	0.0%	
ELEVATOR	0	0.0%	
SECURITY GATE	0	0.0%	
BUSINESS CENTER	0	0.0%	
CAR WASH AREA	0	0.0%	
PICNIC AREA	1	100.0%	90
CONCIERGE SERVICE	0	0.0%	
SOCIAL SERVICE PACKAGE	1	100.0%	90

Surveyed - May 2007

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DISTRIBUTION OF UTILITIES - GAHANNA, OHIO

UTILITY (RESPONSIBILITY)	NUMBER OF PROJECTS	NUMBER OF UNITS	DISTRIBUTION OF UNITS
HEAT			
LANDLORD			
ELECTRIC	2	240	78.7%
GAS	2	65	21.3%
			100.0%
COOKING FUEL			
LANDLORD			
ELECTRIC	3	272	89.2%
TENANT			
ELECTRIC	1	33	10.8%
			100.0%
HOT WATER			
LANDLORD			
ELECTRIC	1	90	29.5%
GAS	3	215	70.5%
			100.0%
ELECTRIC			
LANDLORD	3	272	89.2%
TENANT	1	33	10.8%
			100.0%
WATER			
LANDLORD	4	305	100.0%
			100.0%
SEWER			
LANDLORD	4	305	100.0%
			100.0%
TRASH PICK-UP			
LANDLORD	4	305	100.0%
			100.0%

Surveyed - May 2007

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UTILITY ALLOWANCE - GAHANNA, OH

BR	UNIT TYPE	HEATING				HOT WATER		COOKING		ELEC	WATER	SEWER	TRASH	CABLE
		GAS	ELEC	STEAM	OTHER	GAS	ELEC	GAS	ELEC					
0	GARDEN	\$40	\$37	\$0	\$29	\$15	\$10	\$10	\$7	\$27	\$9	\$6	\$12	\$20
1	GARDEN	\$45	\$34	\$0	\$33	\$19	\$17	\$11	\$7	\$29	\$11	\$7	\$12	\$20
1	TOWNHOUSE	\$48	\$36	\$0	\$36	\$19	\$17	\$11	\$7	\$30	\$11	\$7	\$12	\$20
2	GARDEN	\$50	\$34	\$0	\$37	\$24	\$24	\$13	\$9	\$32	\$16	\$10	\$12	\$20
2	TOWNHOUSE	\$55	\$35	\$0	\$41	\$24	\$24	\$13	\$9	\$33	\$16	\$10	\$12	\$20
3	GARDEN	\$56	\$32	\$0	\$42	\$33	\$38	\$14	\$8	\$37	\$22	\$14	\$12	\$20
3	TOWNHOUSE	\$62	\$33	\$0	\$47	\$33	\$38	\$14	\$8	\$38	\$22	\$14	\$12	\$20
4	GARDEN	\$59	\$34	\$0	\$44	\$43	\$49	\$15	\$7	\$41	\$26	\$18	\$12	\$20
4	TOWNHOUSE	\$66	\$35	\$0	\$50	\$43	\$49	\$15	\$7	\$43	\$26	\$18	\$12	\$20

Surveyed - May 2007

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ADDENDUM C -QUALIFICATIONS

A. THE COMPANY

VWB Research is a real estate research firm established to provide accurate and insightful market forecasts for a broad range client base. The three principals of the firm, Robert Vogt, Tim Williams, and Patrick Bowen, have a combined 45 years of real estate market feasibility experience throughout the United States.

Serving real estate developers, syndicators, lenders, state housing finance agencies, and the U.S. Department of Housing and Urban Development (HUD), the firm provides market feasibility studies for affordable housing, market-rate apartments, condominiums, senior housing, student housing, and single-family developments.

B. THE STAFF

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

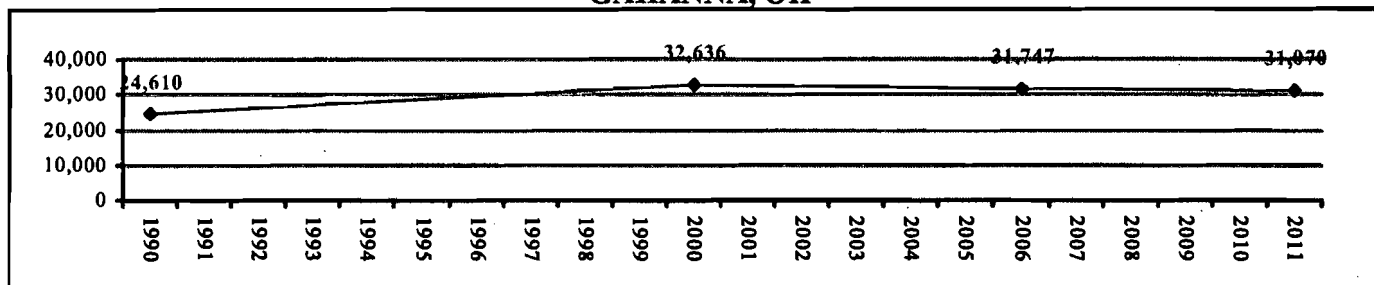
[REDACTED]

Field Staff – VWB Research maintains a field staff of professionals experienced at collecting critical on-site real estate data. Each member has been fully trained to evaluate site attributes, area competitors, market trends, economic characteristics, and a wide range of issues impacting the viability of real estate development.

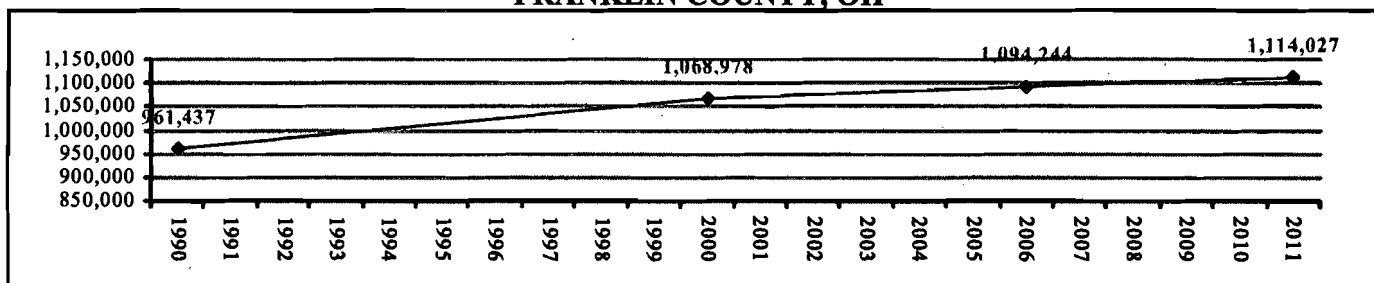
ADDENDUM D. AREA DEMOGRAPHICS

POPULATION - 1990, 2000(CENSUS), 2006(ESTIMATE), 2011(PROJECTION)

GAHANNA, OH



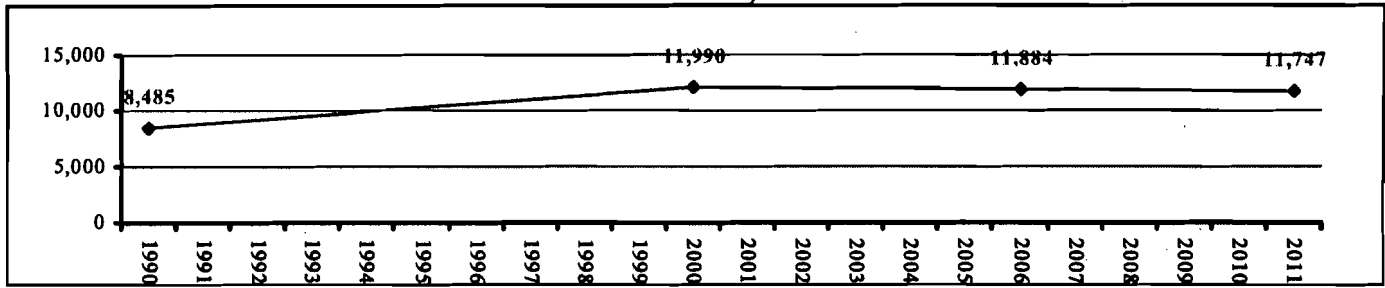
FRANKLIN COUNTY, OH



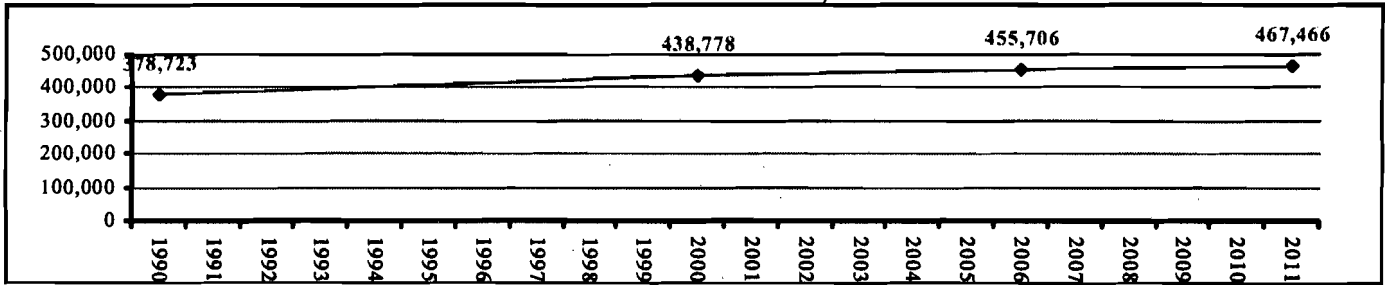
YEAR	GAHANNA, OH	FRANKLIN COUNTY, OH
1990 CENSUS	24,610	961,437
2000 CENSUS	32,636	1,068,978
% CHANGE 1990 - 2000	32.6%	11.2%
AVG. ANNUAL CHANGE	803	10,754
2006 ESTIMATE	31,747	1,094,244
2011 PROJECTION	31,070	1,114,027
% CHANGE 2000 - 2011	-4.8%	4.2%
AVG. ANNUAL CHANGE	-142	4,095

HOUSEHOLDS - 1990, 2000(CENSUS), 2006(ESTIMATE), 2011(PROJECTION)

GAHANNA, OH



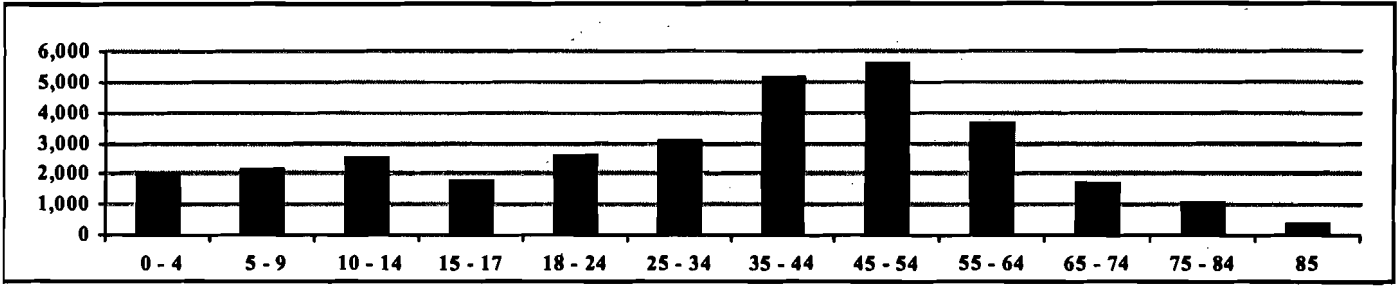
FRANKLIN COUNTY, OH



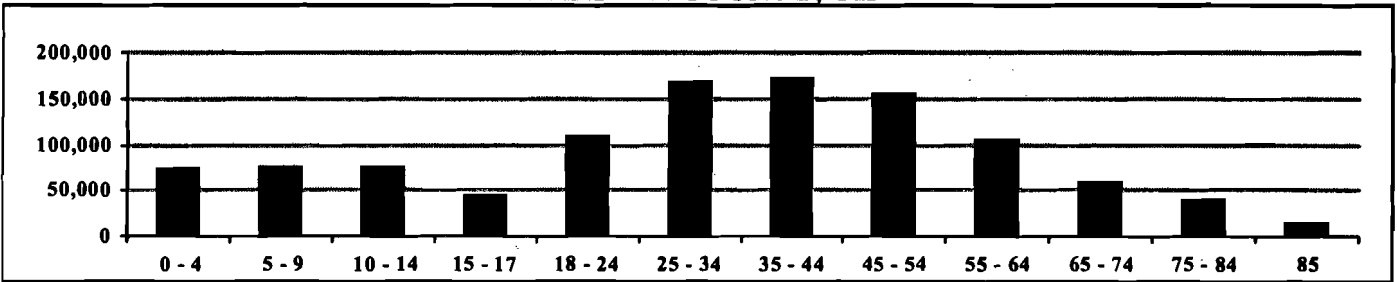
YEAR	GAHANNA, OH	FRANKLIN COUNTY, OH
1990 CENSUS	8,485	378,723
2000 CENSUS	11,990	438,778
% CHANGE 1990 - 2000	41.3%	15.9%
AVG. ANNUAL CHANGE	351	6,006
2006 ESTIMATE	11,884	455,706
2011 PROJECTION	11,747	467,466
% CHANGE 2000 - 2011	-2.0%	6.5%
AVG. ANNUAL CHANGE	-22	2,608

POPULATION BY AGE GROUP - 2000 CENSUS

GAHANNA, OH



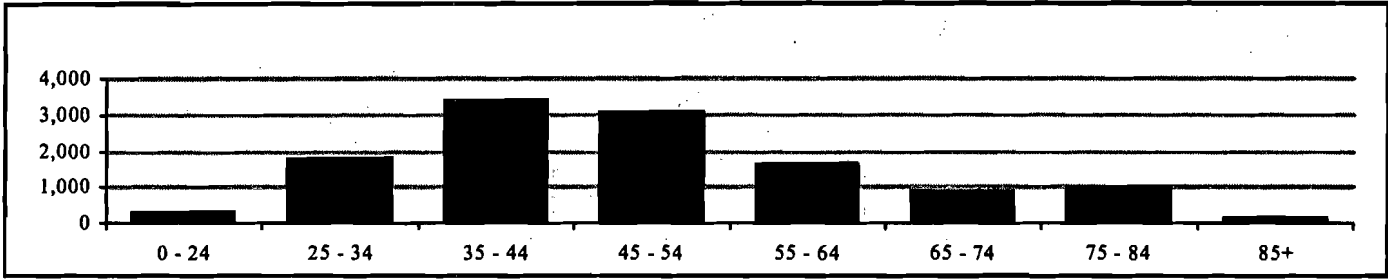
FRANKLIN COUNTY, OH



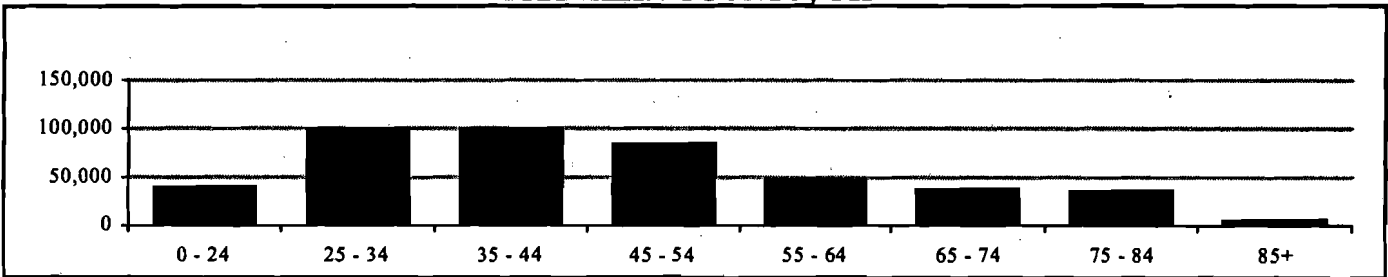
AGE GROUP	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
0 - 4	2,018	6.4%	74,672	6.8%
5 - 9	2,136	6.7%	75,689	6.9%
10 - 14	2,528	8.0%	76,113	7.0%
15 - 17	1,748	5.5%	44,362	4.1%
18 - 24	2,592	8.2%	108,891	10.0%
25 - 34	3,105	9.8%	169,261	15.5%
35 - 44	5,210	16.4%	172,565	15.8%
45 - 54	5,618	17.7%	154,841	14.2%
55 - 64	3,652	11.5%	104,950	9.6%
65 - 74	1,728	5.4%	58,763	5.4%
75 - 84	1,049	3.3%	39,392	3.6%
85 +	363	1.1%	14,745	1.3%
TOTAL	31,747	100 %	1,094,244	100 %

OWNER- AND RENTER-OCCUPIED HOUSING BY AGE OF HEAD OF HOUSEHOLD - 2000

GAHANNA, OH



FRANKLIN COUNTY, OH



RENTER-OCCUPIED HOUSEHOLDS
 OWNER-OCCUPIED HOUSEHOLDS


 v o g t w i l l i a m s b o w e n
 RESEARCH

RENTER-OCCUPIED HOUSEHOLDS

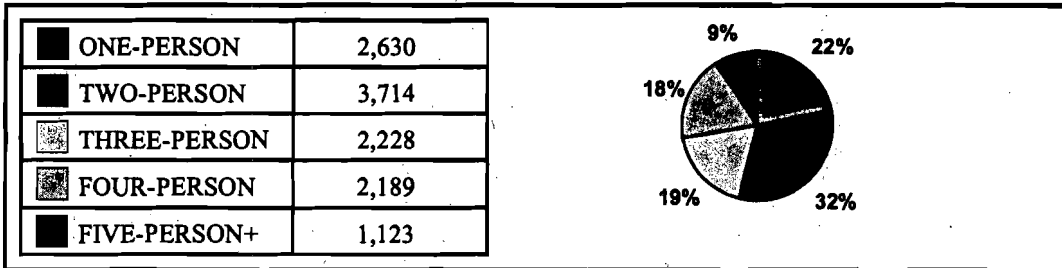
AGE GROUP	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
< 25	252	9.5%	35,915	19.0%
25 - 34	771	29.0%	61,019	32.3%
35 - 44	664	25.0%	38,519	20.4%
45 - 54	407	15.3%	23,790	12.6%
55 - 64	193	7.3%	12,087	6.4%
65 - 74	126	4.7%	7,994	4.2%
75 - 84	198	7.5%	6,628	3.5%
85 +	46	1.7%	3,213	1.7%
TOTAL	2,657	100 %	189,165	100 %

OWNER-OCCUPIED HOUSEHOLDS

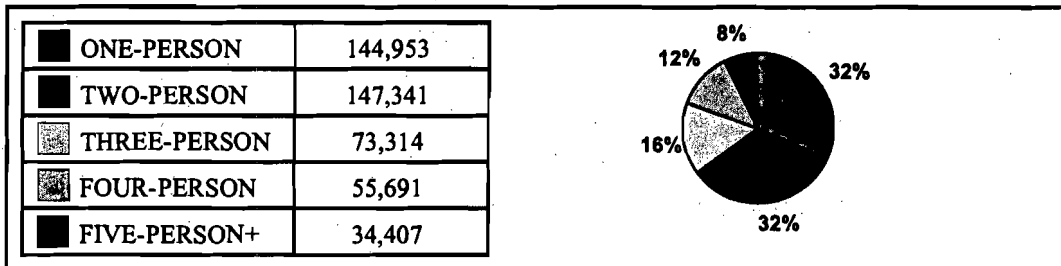
AGE GROUP	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
< 25	47	0.5%	3,151	1.2%
25 - 34	1,058	11.0%	38,034	14.6%
35 - 44	2,725	28.2%	60,782	23.3%
45 - 54	2,671	27.7%	59,304	22.8%
55 - 64	1,440	14.9%	36,881	14.2%
65 - 74	805	8.3%	29,337	11.3%
75 - 84	805	8.3%	29,337	11.3%
85 +	102	1.1%	3,780	1.5%
TOTAL	9,653	100 %	260,606	100 %

HOUSEHOLD SIZE - 2000 CENSUS

GAHANNA, OH



FRANKLIN COUNTY, OH



HOUSEHOLD COMPOSITION - 2000 CENSUS

HOUSEHOLD TYPE	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
MARRIED COUPLE W/ CHILDREN	3,953	33.3%	92,777	21.0%
LONE MALE PARENT W/ CHILDREN	192	1.6%	9,493	2.1%
LONE FEMALE PARENT W/ CHILDREN	644	5.4%	37,140	8.4%
MARRIED COUPLE NO CHILDREN	3,456	29.1%	104,954	23.7%
LONE MALE PARENT NO CHILDREN	152	1.3%	8,322	1.9%
LONE FEMALE PARENT NO CHILDREN	416	3.5%	21,085	4.8%
NON-FAMILY MALE HEAD W/ CHILDREN	254	2.1%	8,322	1.9%
NON-FAMILY FEMALE HEAD W/ CHILDREN	187	1.6%	15,429	3.5%
LONE MALE HOUSEHOLDER	993	8.4%	64,396	14.6%
LONE FEMALE HOUSEHOLDER	1,637	13.8%	80,557	18.2%
TOTAL	11,884	100 %	442,475	100 %

POPULATION BY HOUSEHOLD COMPOSITION - 2000 CENSUS

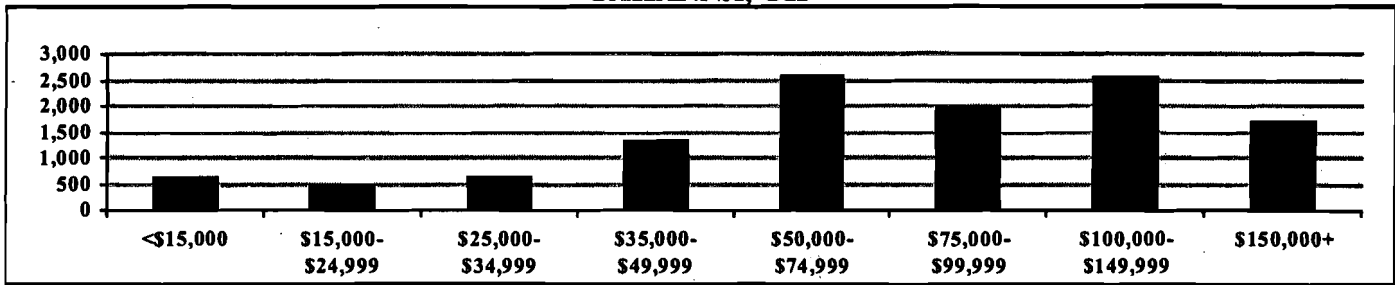
POPULATION	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
IN FAMILY HOUSEHOLDS	28,631	88.0%	822,460	76.9%
IN NON-FAMILY HOUSEHOLDS	3,670	11.3%	224,317	21.0%
IN GROUP QUARTERS	222	0.7%	22,201	2.1%
TOTAL	32,523	100 %	1,068,978	100 %

POPULATION BY SINGLE RACE - 2000 CENSUS

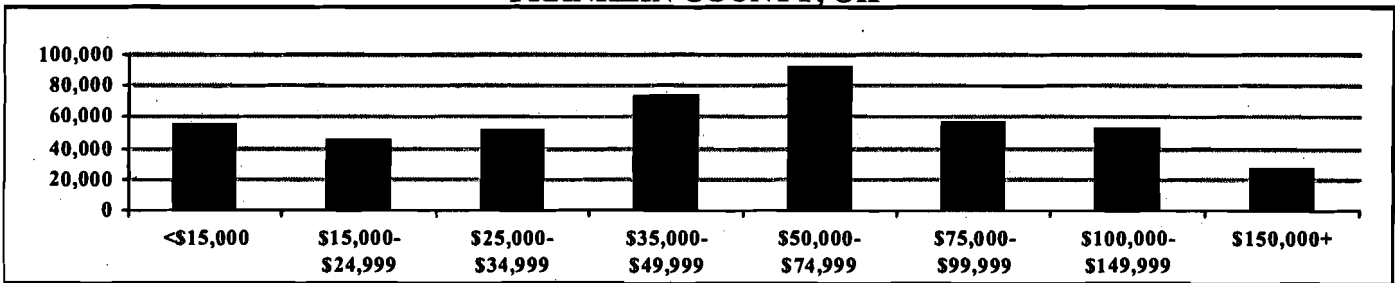
RACE	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
WHITE ALONE	27,966	86.8%	795,660	76.2%
BLACK OR AFRICAN AMERICAN	2,636	8.2%	189,652	18.2%
AMERICAN INDIAN/ ALASKA NATIVE	55	0.2%	2,598	0.2%
ASIAN ALONE	1,061	3.3%	32,652	3.1%
HAWAIIAN/PACIFIC ISLANDER	8	0.0%	411	0.0%
SOME OTHER RACE ALONE	46	0.1%	2,297	0.2%
TWO OR MORE RACES	434	1.3%	21,429	2.1%
TOTAL	32,206	100 %	1,044,699	100 %

HOUSEHOLDS BY INCOME RANGE - 2000 CENSUS

GAHANNA, OH

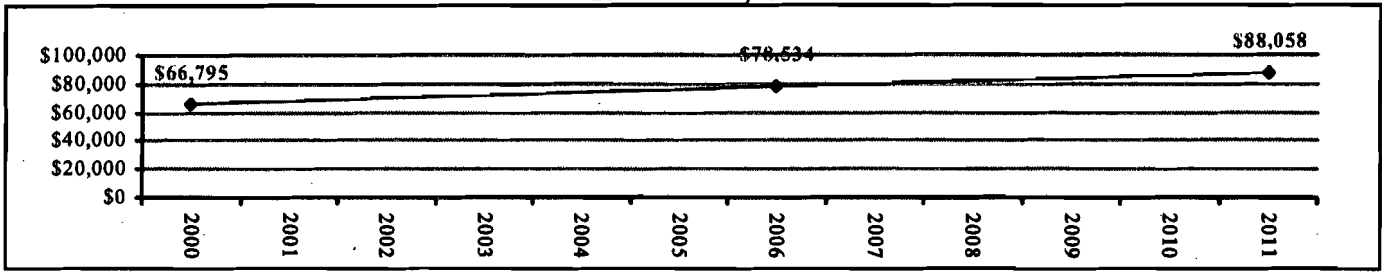


FRANKLIN COUNTY, OH

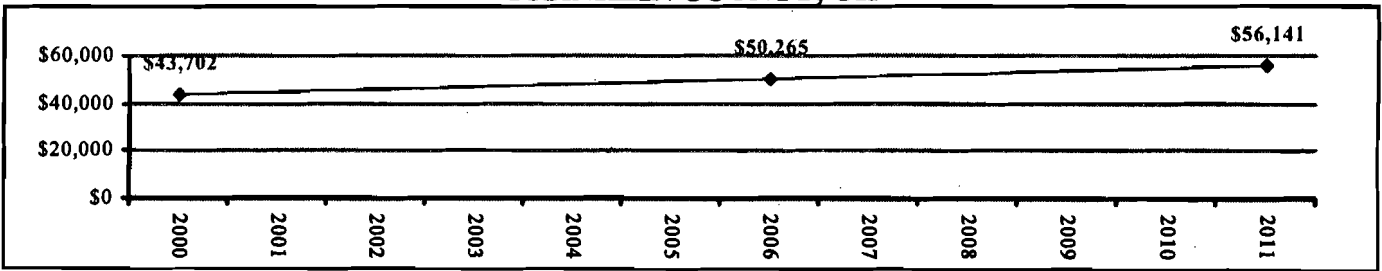


ANNUAL HOUSEHOLD INCOME	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
< \$15,000	629	5.3%	55,373	12.2%
\$15,000 - \$24,999	489	4.1%	45,412	10.0%
\$25,000 - \$34,999	637	5.4%	51,828	11.4%
\$35,000 - \$49,999	1,327	11.2%	74,258	16.3%
\$50,000 - \$74,999	2,580	21.7%	92,529	20.3%
\$75,000 - \$99,999	1,981	16.7%	56,649	12.4%
\$100,000 - \$150,000	2,549	21.4%	52,547	11.5%
\$150,000 +	1,692	14.2%	27,110	5.9%
TOTAL	11,884	100 %	455,706	100 %

MEDIAN HOUSEHOLD INCOME - 1990, 2000(CENSUS), 2006(ESTIMATE), 2011(PROJECTION)
GAHANNA, OH



FRANKLIN COUNTY, OH



	GAHANNA, OH	FRANKLIN COUNTY, OH
2000 CENSUS	\$66,795	\$43,702
2006 ESTIMATE	\$78,534	\$50,265
% CHANGE 2000 - 2006	17.6%	15.0%
2011 PROJECTION	\$88,058	\$56,141
% CHANGE 2000 - 2011	12.1%	11.7%

AGE OF HEAD OF HOUSEHOLD BY ANNUAL HOUSEHOLD INCOME - 2000 CENSUS

FRANKLIN COUNTY, OH

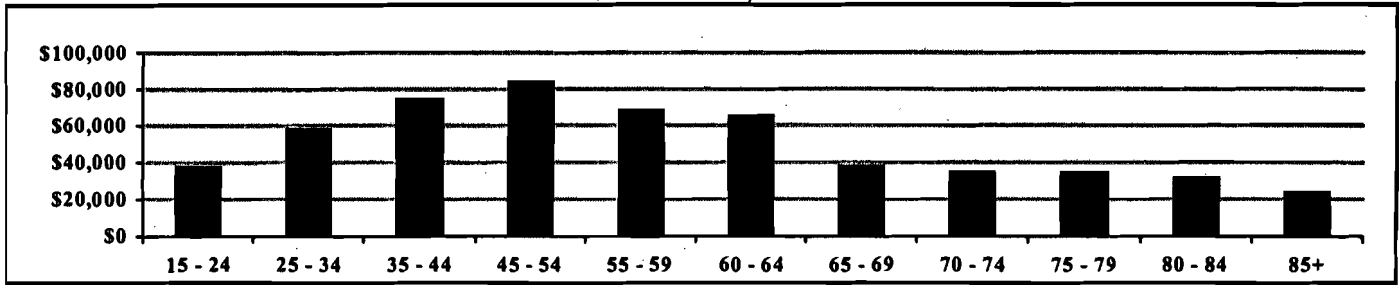
HOUSEHOLD INCOME	AGE OF HOUSEHOLDER						
	UNDER 25	25 - 34	35 - 44	45 - 54	55 - 64	66 - 74	75 +
< \$9,999	8,831	6,896	5,896	4,594	4,172	4,154	4,687
\$10,000 - \$14,999	4,123	4,351	3,395	2,475	2,262	3,475	4,430
\$15,000 - \$24,999	8,018	12,200	7,510	6,419	5,084	6,453	6,831
\$25,000 - \$34,999	6,633	15,354	12,685	8,108	5,747	5,518	4,784
\$35,000 - \$49,999	5,916	19,481	17,558	12,662	7,671	6,497	4,324
\$50,000 - \$74,999	3,796	23,852	25,518	19,586	9,870	5,642	3,385
\$75,000 - \$99,999	896	10,437	13,232	11,882	5,822	2,540	1,233
\$100,000 - \$149,999	349	5,256	9,678	10,328	4,726	1,882	955
\$150,000 +	143	1,632	4,745	5,953	3,011	1,208	766
TOTAL	38,705	99,459	100,217	82,007	48,365	37,369	31,395

GAHANNA, OH

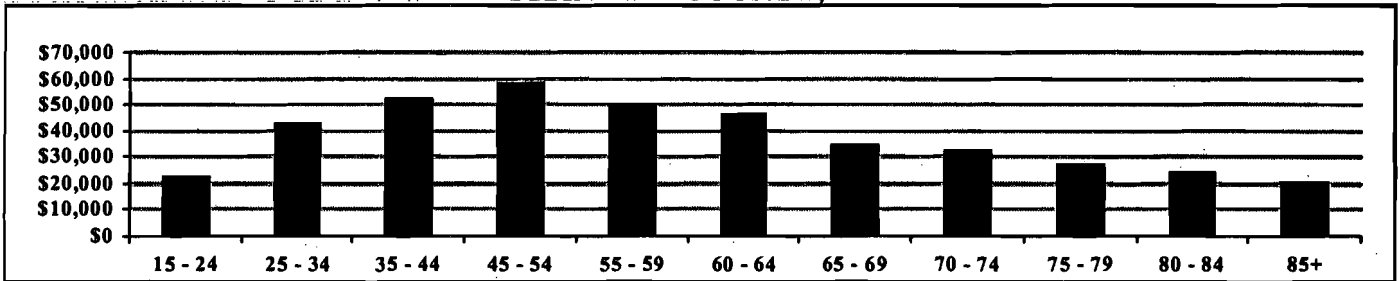
HOUSEHOLD INCOME	AGE OF HOUSEHOLDER						
	UNDER 25	25 - 34	35 - 44	45 - 54	55 - 64	66 - 74	75 +
< \$9,999	32	64	33	24	95	67	129
\$10,000 - \$14,999	61	35	28	19	24	82	104
\$15,000 - \$24,999	43	89	20	74	107	159	87
\$25,000 - \$34,999	30	222	175	105	160	160	116
\$35,000 - \$49,999	97	323	381	303	152	144	175
\$50,000 - \$74,999	68	526	1,037	754	343	193	94
\$75,000 - \$99,999	27	336	676	584	281	47	42
\$100,000 - \$149,999	0	243	699	690	256	83	8
\$150,000 +	0	69	317	429	163	23	23
TOTAL	358	1,907	3,366	2,982	1,581	958	778

MEDIAN HOUSEHOLD INCOME BY AGE OF HEAD OF HOUSEHOLD - 2000 CENSUS

GAHANNA, OH



FRANKLIN COUNTY, OH



AGE OF HEAD OF HOUSEHOLD	GAHANNA, OH	FRANKLIN COUNTY, OH
15 - 24	\$37,826	\$22,955
25 - 34	\$57,960	\$42,794
35 - 44	\$74,744	\$52,055
45 - 54	\$84,075	\$58,096
55 - 59	\$68,447	\$50,249
60 - 64	\$65,651	\$46,421
65 - 69	\$37,619	\$34,454
70 - 74	\$35,000	\$32,097
75 - 79	\$34,444	\$26,981
80 - 84	\$31,161	\$23,997
85 +	\$24,250	\$20,590
MEDIAN HOUSEHOLD INCOME	\$66,795	\$43,702

EMPLOYMENT BY SIC CATEGORY (LARGEST 10 SIC CODES) - 2000 CENSUS

INDUSTRY	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
AGRICULTURE / NATURAL RESOURCES	227	1.3%	661	1.4%
NATURAL RESOURCE EXTRACTION	20	0.1%	33	0.1%
CONSTRUCTION	957	5.3%	2,759	6.0%
MANUFACTURING	2,582	14.2%	2,164	4.7%
TRANSPORTATION, UTILITIES	555	3.1%	1,503	3.3%
WHOLESALE TRADE	574	3.2%	1,838	4.0%
RETAIL TRADE	3,406	18.8%	9,102	19.8%
FINANCE, INSURANCE, REAL ESTATE	1,301	7.2%	5,303	11.5%
SERVICES	6,800	37.5%	20,048	43.5%
GOVERNMENT	1,358	7.5%	1,242	2.7%
NON-CLASSIFIABLE	349	1.9%	1,425	3.1%
TOTAL	18,129	100 %	46,078	100 %

RENTER-OCCUPIED HOUSEHOLDS BY YEAR STRUCTURE BUILT - 2000 CENSUS

YEAR BUILT	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
1999 TO MARCH 2000	0	0.0%	3,738	2.0%
1995 TO 1998	296	11.1%	12,735	6.7%
1990 TO 1994	504	19.0%	13,314	7.0%
1980 TO 1989	383	14.4%	29,991	15.9%
1970 TO 1979	794	29.9%	41,207	21.8%
1960 TO 1969	471	17.7%	31,081	16.4%
1940 TO 1959	209	7.9%	35,353	18.7%
1939 AND EARLIER	0	0.0%	21,746	11.5%
TOTAL	2,657	100 %	189,165	100 %

OWNER-OCCUPIED HOUSEHOLDS BY YEAR STRUCTURE BUILT - 2000 CENSUS

YEAR BUILT	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
1999 TO MARCH 2000	212	2.3%	4,995	2.0%
1995 TO 1998	1,110	12.0%	21,490	8.6%
1990 TO 1994	1,889	20.4%	22,054	8.8%
1980 TO 1989	1,924	20.8%	32,898	13.2%
1970 TO 1979	1,488	16.1%	37,840	15.2%
1960 TO 1969	1,875	20.2%	41,900	16.8%
1940 TO 1959	626	6.8%	57,129	22.9%
1939 AND EARLIER	144	1.6%	31,307	12.5%
TOTAL	9,268	100 %	249,613	100 %

UNITS IN STRUCTURE - 2000 CENSUS

UNITS	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
1-UNIT, DETACHED	9,187	79.5%	255,736	58.5%
1-UNIT, ATTACHED	0	0.0%	0	0.0%
2 TO 4 UNITS	733	6.3%	63,039	14.4%
5 TO 19 UNITS	1,036	9.0%	78,613	18.0%
20 UNITS OR MORE	605	5.2%	34,825	8.0%
MOBILE HOME	0	0.0%	4,953	1.1%
BOAT, RV, VAN, ETC	0	0.0%	86	0.0%
TOTAL	11,561	100 %	437,252	100 %

GROSS RENT PAID - 2000 CENSUS

GROSS RENT	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
LESS THAN \$300	180	6.8%	14,493	7.7%
\$300 - \$499	283	10.7%	42,384	22.4%
\$500 - \$749	1,171	44.1%	85,995	45.5%
\$750 - \$999	734	27.6%	30,365	16.1%
\$1,000 - \$1,499	189	7.1%	8,899	4.7%
\$1,500 - \$1,999	22	0.8%	1,729	0.9%
\$2,000 OR MORE	12	0.5%	931	0.5%
NO CASH RENT	66	2.5%	4,022	2.1%
TOTAL	2,657	100 %	188,818	100 %
MEDIAN GROSS RENT	\$682		\$595	

YEAR MOVED INTO RENTER-OCCUPIED HOUSEHOLDS - 2000 CENSUS

YEAR	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
1999 TO MARCH 2000	1,174	44.2%	86,788	45.9%
1995 TO 1998	941	35.4%	70,076	37.0%
1990 TO 1994	359	13.5%	17,888	9.5%
1980 TO 1989	114	4.3%	9,950	5.3%
1970 TO 1979	62	2.3%	2,948	1.6%
1969 OR EARLIER	7	0.3%	1,515	0.8%
TOTAL	2,657	100 %	189,165	100 %

YEAR MOVED INTO OWNER-OCCUPIED HOUSEHOLDS - 2000 CENSUS

YEAR	GAHANNA, OH		FRANKLIN COUNTY, OH	
	NUM	%	NUM	%
1999 TO MARCH 2000	888	9.6%	25,256	10.1%
1995 TO 1998	2,804	30.3%	69,475	27.8%
1990 TO 1994	2,199	23.7%	48,175	19.3%
1980 TO 1989	1,916	20.7%	45,110	18.1%
1970 TO 1979	804	8.7%	30,654	12.3%
1969 OR EARLIER	657	7.1%	30,943	12.4%
TOTAL	9,268	100 %	249,613	100 %

HOUSING UNITS BUILDING PERMITS

GAHANNA, OH			
YEAR	UNITS IN SINGLE-FAMILY STRUCTURES	UNITS IN ALL MULTI-FAMILY STRUCTURES	TOTAL
2002	95	12	107
2003	85	0	85
2004	229	30	259
2005	113	0	113
2006	50	0	50
TOTAL	572	42	614

FRANKLIN COUNTY, OH			
YEAR	UNITS IN SINGLE-FAMILY STRUCTURES	UNITS IN ALL MULTI-FAMILY STRUCTURES	TOTAL
2002	5,223	5,020	10,243
2003	5,727	3,853	9,580
2004	5,220	1,866	7,086
2005	4,446	2,838	7,284
2006	2,707	1,932	4,639
TOTAL	23,323	15,509	38,832

Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS
NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 6

➤ **DESCRIPTION OF THE PHYSICAL CONSTRUCTION ASPECTS OF THE ALF**

- a) Description of how the physical conversion will occur
- b) Project Design Narrative
- c) Description of how the project will promote energy efficiency
- d) Copy of original plans of the facility
- e) Description of how conversion will conform to accessibility requirements
- f) Architectural sketches of conversion
- g) Budget with estimated costs for material and labor
- h) Financial Commitment Letters – NOT APPLICABLE
- i) Relocation plan for tenants
- j) Training, employment and economic opportunities to be directed to target residents

Exhibit 6: Description of the Physical Construction

6(a) Description of how the physical conversion will occur

See attachment marked with cover sheet indicating exhibit 6a for the Logic Model and Project Timetable.

The Physical Conversion of the entire existing facility, 32 resident units, to the assisted living facility will be performed while keeping the majority of the tenants in the building. A full description of the relocation of the tenants follows in Section 6.i.

The conversion will occur in phases and will minimize relocation and disruption in the lives of the existing tenants. In concept we will initiate new construction of the addition, then move approximately 1/3 of the tenants off-site as we perform work floor by floor within the units.

- Phase One – Construction of the new three story addition to the front of the building, including foundation, framing, electrical and plumbing and finishing on the first floor. In addition, on the first floor the 2 bedroom manager unit will be converted to 2 efficiency units and season/weather permitting, ancillary site work necessary to accommodate the new addition to the front of the building including modifications to the parking area, sidewalks/ramps, curbing, landscape, lighting, etc. will be performed. Exterior site work will overlap into the following phases of work but will not directly affect the tenants or their ability to live in and use the building. During Phase One no residents will be moved from or within the facility.
- Phase Two – During Phase Two all first floor tenants will be moved from the building and placed in temporary off-site housing. All first floor bathrooms will be refinished with showers installed in place of the existing bathtubs. In addition any common area and unit work including HVAC upgrades, electrical and additional work on the first floor will be completed. Upon completion, second floor tenants will be moved into the first floor.
- Phase Three – During Phase Three all second floor tenants will be moved into the newly completed first floor, which now includes two new efficiency units created in space which previously was the manager unit. Phase Three construction will consist of finishing the new addition second floor space and converting a one bedroom unit to central storage area, nursing space, storage, small lounge and hallway connecting the existing corridor to the new addition and elevator. In addition any common area and unit work including HVAC upgrades, electrical and additional work on the second floor will be completed. Upon completion, third floor tenants will be moved into the newly completed second floor.

Exhibit 6: Description of the Physical Construction

- Phase Four - During Phase Four all third floor tenants will be moved into the newly completed second floor. Phase Four construction will consist of finishing the new addition third floor space and converting a one bedroom unit to a bathing area, nursing space, storage, small lounge and hallway connecting the existing corridor to the new addition and elevator. In addition any common area and unit work including HVAC upgrades, electrical and additional work on the third floor will be completed. Upon completion, the first floor tenants originally moved off-site will be moved back into the newly completed third floor.

6(b) Project Design Narrative

The existing 23,646 gross square foot facility was constructed in 1991 and is a single three story building with a central corridor, single elevator and 33 units comprised of 4 efficiency units, 28 one-bedroom units and 1 two-bedroom manager unit. The existing facility contains a Multi-Purpose/Community Room, Storage, Laundry, Lobby, Office, Public Restrooms and Maintenance/Mechanical Room.

A 3,702 gross square foot addition, incorporating a new lobby will be constructed at the front of the building and connect at the existing Multi-Purpose/Community Room, front door, and office area on the first floor and vertically to both the second and third floors.

First Floor

- New Construction

The new addition constructed on the first floor will have: vestibule/lobby, elevator, property management office, living room, and kitchen area that connect at the existing front door/lobby area.

- Existing Spaces

Common Areas: The existing office space which is currently used by the property manager will become a nurse's office. The existing Multi-Purpose/Community Room will be refinished and utilized as the Kitchen and Dining Room.

Units: All tenant bathrooms will be refinished; the bathtubs will be removed and replaced with accessible showers. The two-bedroom manager's unit will be converted into 2 efficiency units to replace the 2 one-bedroom units lost on the second and third floor to gain access to the new addition area.

Second Floor

- New Construction

The new addition constructed on the second floor will have: elevator, therapy, activities areas.

Exhibit 6: Description of the Physical Construction

- Existing Spaces

A one-bedroom unit on the second floor will be converted into a hallway to access the new addition on the second floor and a small lounge, nursing office, and storage will also be constructed in this area. As previously noted, the unit lost due to the conversion of this space will be replaced on the first floor by converting the two-bedroom manager's unit to 2 efficiency units. All tenant bathrooms will be refinished; the bathtubs will be removed and replaced with accessible showers.

Third Floor

- New Construction

The new addition constructed on the third floor will have: elevator, warming kitchen, dining area, activities, rummaging and storage area.

- Existing Spaces

A one-bedroom unit on the third floor will be converted into a hallway to access the new addition on the third floor and a small lounge, nursing office, storage and bathing area will also be constructed in this area. As previously noted, the unit lost due to the conversion of this space will be replaced on the first floor by converting the two-bedroom manager's unit to 2 efficiency units. All tenant bathrooms will be refinished; the bathtubs will be removed and replaced with accessible showers.

General

- All new finishes will be incorporated at all building public areas, consistent with the new aesthetic associated with all addition areas.

6(c) Description of how the project will promote energy efficiency

- ***To that extent possible, building design and modifications will be compliant with LEED EB standards for Existing Buildings.***
- Appliances that have earned the ***ENERGY STAR*** label and meet strict energy efficiency criteria will be specified for use in the new kitchen and any other area in the addition where it is applicable. All office and medical equipment will also be energy efficient when the product is available.
- All areas of new construction will promote energy efficiency as listed below:
 - Infiltration sealants and tapes will be used to seal all holes, cracks and spaces in exterior walls and ceilings, as well as at all window and door perimeters.
 - Insulated exterior doors with magnetic weather stripping will be used to minimize infiltration. Thermally broken double-glazed panels will be included for all glazed door sections.

Exhibit 6: Description of the Physical Construction

- Exterior windows will utilize insulated glazing and will be **double-glazed and thermally broken**. Operable windows and placement of windows in the new addition will be designed to allow as much natural ventilation as is possible with existing design and placement of building.
- **Water conserving plumbing fixtures** and fittings will be installed. New shower valves and other bath/kitchen fittings will promote 'low-flow' volumes.
- **Compact fluorescent light fixtures and light bulbs** will be the standard utilized to minimize energy consumption, and general wattage reductions will be applied to all non-task event areas.

6(d) Copy of original plans of the facility

See attachment marked with cover sheet indicating exhibit 6d.

6(e) Description of how conversion will conform to accessibility requirements

- All dwelling units will be in compliance with **visitability requirements**, promoting public access to and within all dwelling units and to and from all public spaces by any person with permitted access to the building.
- All bathrooms will be modified to include shower areas as necessary to promote access and independence in bathing, or to that extent that bathing assistance is provided as part of ADLs. Showers at the first floor will be zero threshold for direct wheelchair access, and all upper floor shower will be provided with a 3-1/2" edge to prevent water spillage and onto finished surfaces. All showers will be specified with built-in seats, and showers wall panels will be reinforced to accept handicap grab bars. Offset control fittings will also be installed.
- Existing kitchens have been determined to be in access compliance for maneuverability, and cabinets under sinks will be removed as determined necessary.
- Water closets will be replaced with 18" high (HC height) and will be furnished as 'low flow' water saver fixtures.
- All existing entrance door opening widths, and latch side clearances for all doors, both dwelling unit doors and public area doors, have been verified to conform with ANSI 117.1, and the Manual of Acts and Relevant Regulations as part of ADA and the Fair Housing Amendments Act. All new building areas will be in compliance to the foregoing.
- A new full-size elevator, of 4,500# capacity and with nominal interior dimensions of 5'x8', capable of gurney access will be installed as part of the new Entrance Lobby, accessing all floors. All appropriate signaling systems will be installed.

Exhibit 6: Description of the Physical Construction

- Modified site access will incorporate handicap ramps at the main entrance to promote a zero-threshold point of access. Handicap ramps will be added at the north and south emergency egress doors.
- Handicap parking spaces will be maintained at the east parking area.

6(f) Architectural sketches of conversion

See attachment marked with cover sheet indicating exhibit 6f.

6(g) Budget with estimated costs for material and labor

See attachment marked with cover sheet indicating exhibit 6g.

6(h) Financial Commitment Letters – Not Applicable

See attachment marked with cover sheet indicating exhibit 6h.

6(i) Relocation plan for tenants

See attachment marked with cover sheet indicating exhibit 6i for responses to 6(i)1, 6(i)3, and 6(i)4.

(2) The staff organization that will carry out the relocation activities

National Church Residences' development department, due to the large number of rehabilitation projects, employs a relocation specialist who will handle all aspects of the relocation process, from scheduling the moves to working with the on-site manager to ensure smooth relocation for residents. In the past year, the relocation specialist has assisted in relocating over 250 residents in buildings across the country.

6(j) Training, employment and economic opportunities to be directed to low and very-low-income persons

National Church Residences will make every effort to increase economic opportunities for low income and very low income residents in the community surrounding the ALCP for Stygler Commons.

The site is located in Columbus, in Franklin County, Ohio, and has a median income less than the average for the State of Ohio. The median household income, as established by HUD is:

Ohio Franklin Co. Columbus

2000 Population \$40,956, \$42,734, \$37,897

And, according to the 2000 census, 93,602 households have an income less than \$25,000.

It will be the sponsor's commitment to reach the lower income persons for training and jobs that will increase their income. National Church Residences works with a development team for each project which will consists of an

Exhibit 6: Description of the Physical Construction

attorney, architect and general contractor. We make every effort to work with and include Section 3 persons from the area on this team. Though it is seldom feasible that these development team members meet Section 3 requirements, they are typically from the area of the project.

Additionally, NCR's construction projects create a great number of work opportunities and we insist that the general contractor and sub-contractors attempt to employ persons from the Franklin County area with annual earnings that fall below the \$26,774 ceiling for Section 3 eligibility. It is ensured that ten percent or more of all new-hires employed by the contractor are low-income laborers. These persons are hired by the general contractor and sub-contractors, trained and provided employment in assisting with bricklaying, carpentry, carpet installation, cement/masonry work, drywall, electrical work, heating, painting, plastering, plumbing and tile setting for the construction team for the duration of the project.

After project completion, the number of available positions is minimal, but extensive efforts are made to fill these positions with persons who fulfill Section 3 requirements. For example, Stygler Commons will have a resident manager, who, in order to live at the property, will be age 62 or older, and who will earn less than the \$26,774 ceiling for Section 3 eligibility.

If that person needs assistance, we will draw from the low income pool and provide training in the administrative work to be done. Finally, maintenance personnel for Stygler Commons will be hired from the low income pool in Franklin County. As needs for additional services arise, such as health care, home assistance, appliance repair, carpet installation, landscaping, painting and transportation, Franklin County companies will be employed who, in turn, train and employ low income laborers.

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NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 6a

➤ **Logic Model and Project Timetable**

ousing and Urban Developer
35-0114 exp. 09/30/2007

Component Name:



7

Accountability

Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS
NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 6d

- COPY OF ORIGINAL PLANS FOR ALL UNITS THAT
WILL BE INCLUDED IN THE CONVERSION

See next page for Index of Drawings

HUD SET #7

HOUSING FOR THE ELDERLY NORTHERN COLUMBUS, OHIO

HOUSING PROJECT NUMBER 043-EH315-OH16-T891-011

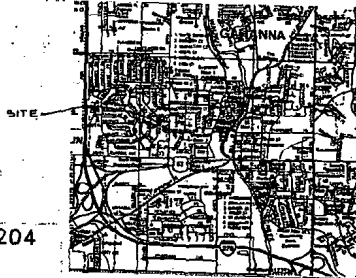
NATIONAL CHURCH RESIDENCES

33 UNITS SECTION 202 HOUSING COMPLEX

BUILDING DATA

TOTAL SITE AREA	54,812 SQ FT	1 BEDROOM UNITS	22
TOTAL BUILDING AREA	23,848 SQ FT	1 BEDROOM H.C. UNITS	2
NUMBER OF BUILDINGS	1	0 BEDROOM UNITS	7
PARKING SPACES	33	0 BEDROOM H.C. UNITS	1
		2 BEDROOM UNITS	1
		TOTAL UNITS	33

LOCATION MAP



ARCHITECT
RANDALL H. BALDWIN
7035 BEE CAVE ROAD, SUITE 204
AUSTIN, TEXAS 78746

CIVIL ENGINEER
AHLERS, MOE & ASSOCIATES, INC.
360 W WATERLOO STREET
CANAL WINCHESTER, OHIO 43110

STRUCTURAL ENGINEER
F. WILLIAM SHIRK, P.E.
1108 SAGECREST DRIVE
COLUMBUS, OH 43229

MECHANICAL ENGINEER
BERARDI-PLAISTED, INC.
369 EAST LIVINGTON AVE.
COLUMBUS, OH 43215

SIGNATURES:

ARCHITECT _____
SPONSER _____
CONTRACTOR _____
INSPECTING ARCHITECT _____
BONDING COMPANY _____

I hereby certify that the construction documents are the schematic drawings, brief specifications, general conditions, conditions, specifications and notes, and with HUD Minimum Property Standards as applicable, and that the construction documents are complete and correct as presented and approved by me and that I am not aware of any errors or omissions in the construction documents or any other information that would affect the construction of the project.	
<i>Randall H. Baldwin</i>	3/26/91
<i>F. William Shirk</i>	3/24/91
<i>[Signature]</i>	3/20/91
<i>[Signature]</i>	3/26/91

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MASTER KEYNOTE LIST - PROJECT 016

KEYNOTE NUMBER	KEYNOTE
2.001	COMPACTED SELECT FILL.
2.002	1/2" EXP. JOINT FILLER.
2.003	2" SAND CUSHION.
2.004	3/4" TOLDED JOINT.
2.005	EXP. JOINT.
2.006	EDGE-TO-W.E.M.
2.007	40 CONCRETE & 1" O.C. G.C.
2.008	WAGON BARRIER.
2.009	CONCRETE SLAB, REF. STRUCT.
2.010	FINISH FLOOR.
2.011	CONC. SIDEWALK (BROOM FINISH).
2.012	CONCRETE FOOTING.
2.013	CONCRETE.
2.014	SPYCECOTE LEVELING SLAB.
2.015	FACE BRICK.
2.016	MASONRY TIES.
2.017	WEEPHOLE 4" x 4" O.C. (TYP.)
2.018	BRICK SHAPED 404 WELLS POST.
2.019	CONTROL JOINT.
2.020	BRICK BILL. SLOPE 3:1.
2.021	NEARBY CURB.
2.022	GROUT.
2.023	BRICK BILL BELOW.
2.024	4" CURB.
2.025	40 CONCRETE & 24" O.C. FULL HT. OF WALL.
2.026	4" C. U.L.
2.027	BRICK BOLDER COURSE.
2.028	LIMITED ANGLE, REF. STRUCTURAL.
2.029	8" ST. PORT. FILL W/CONC.
2.030	1/2" RED LIGNIT CHANNELS & 1"
2.031	1/2" PLYWOOD 8" W/1" SPACER CLIPS.
2.032	CONTINUOUS RAFFLE.
2.033	MURKIN TIES.
2.034	24" STUDS & 16" O.C. (TYP.)
2.035	8" x 8" STUDS & 24" O.C. (TYP. @ NON-LOAD BEARING PARTITIONS ONLY).
2.036	24" PLATE TREATED, SECURE AS PER STRUCT. DWG.
2.037	24" STUDS & 8" O.C. STAGGERED.
2.038	PRE-FAB WOOD TRUSS, REF. STRUCT.
2.039	1/2" TRIM.
2.040	24" BLOODING.
2.041	PLASTIC LINUMITE CHINTROP & SPLASH.
2.042	4" x 4" YELLOW PINE SHELVES.
2.043	8" x 8" HANDWOOD LENS.
2.044	(1) 800, (1) 500L.
2.045	2" x 8" BASE PLATE.
2.046	WOOD BLOCKING.
2.047	1/2" WOOD BILL.
2.048	SHIRTS AS REQUIRED.
2.049	WOOD BILL BELOW.
2.050	DEL. 2X HEADER, REF. STRUCT.
2.051	PLASTIC LINUMITE.
2.052	3/4" PLYWOOD.
2.053	1/2" TRIM.
2.054	200 FLR JOISTS, REF. STRUCT.
2.055	WOOD TRIM.
2.056	1/2" THERMAK INSULATED SHEATHING.
2.057	TOP JOIST.
2.058	COMPOSITION SHINGLES.
2.059	1/4" ROOFING FELT.
2.060	FORM SEALANT.
2.061	BATT INSULATION (R-13).
2.062	BASE FLASHING.
2.063	SEALANT W/BACKER ROD.
2.064	FLASHING, EXTEND 6" PAST JAMB.
2.065	2.016
2.066	SEALANT.
2.067	1/2" x 1/2" BLDG.
2.068	BRICK BLOCK.
2.069	BRICKER PAN.
2.070	ALUM. VENTED ROOFIT.
2.071	ALUM. WAVE CRIP & FASCIA TRIM.
2.072	2" RIGID INSULATION.
2.073	8" W/1" VAMER BARRIER.
2.074	ALUM. INSULATION (R-30).
2.075	8" W/1" ALUM. GUYER.
2.076	2-3/4" x 4-3/4" RECT. DOWNPOUT.
2.077	COINT. ALUM. RIGID W/1" SQ. IN. PER SQ. FT. NET WT.
2.078	NEAR. INSTALL AS PER MANUF. RECOMMENDATIONS.
2.079	WINDOW AS SCHEDULED.
2.080	WOOD FRAME.
2.081	HOLLOW W/1" FRAME.
2.082	HANDICAP THRESHOLD SET IN SEALANT.
2.083	INTER-DOORING HOOK.
2.084	WEATHERSTRIP.
2.085	THRESHOLD SET IN SEALANT.
2.086	81-PAGE DOOR BILL.
2.087	81-PAGE GYP BOARD (TYPE "X").
2.088	PAINTED GYP BOARD.
2.089	CERAMIC TILE MANSUOT-8" x 8" MIN.
2.090	MEAL CORNER SEAD.
2.091	WATER RESISTANT GYP BO.
2.092	CERAMIC TILE BULKHEAD CAP-CONTINUOUS.
2.093	CERAMIC TILE COVE BASE.
2.094	SUSPENDED CERAMIC TILE LAY-IN CLO.
2.095	1/2" GYP. BOARD.
2.096	48" CRAB BAR.
2.097	18" x 18" W/18".
2.098	TOILET PAPER HOLDER.
2.099	TOOTHBRUSH HOLDER.
2.100	MEDICINE CABINET RECESSED IN WALL.
2.101	16" TONEL BAR @ 4" O.C. A.P.F.
2.102	84" TONEL BAR @ 4" O.C. A.P.F.
2.103	18" CRAB BAR.
2.104	18" CRAB BAR.
2.105	18" CRAB BAR.
2.106	PREP HOLE @ 60".
2.107	PREP HOLE @ 48" (H.C. UNITS).
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2.109	MATERIALS.
2.110	SOAP DISPENSER.
2.111	PAPER TOWEL DISPENSER.
2.112	36" CRAB BAR.
2.113	36" CRAB BAR.
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2.115	RECESSED MEDICINE CABINET WITH INFERIOR FRONT & ATTACHED.
2.116	14" DEEP x 3" WIDE CABINET WITH 3 SHELVES & 4".
2.117	2" TONEL HOOKS @ 48" A.P.F.
2.118	REFRIGERATOR.
2.119	DROP-IN RANGE - 30" WIDE.
2.120	VENTILATOR HOOD.
2.121	HANDICAPPED SINK. INSULATE ALL EXPOSED LINES & SET TRAP.
2.122	REAR WALL.
2.123	HANDICAPPED LAVATORY. INSULATE ALL EXPOSED LINES & SET TRAP.
2.124	REAR HALL.
2.125	UTILITY SINK.
2.126	WATER CLOSET.
2.127	HANDICAPPED WATER CLOSET.
2.128	A/C/WATER PRO UNIT, REF. MECH.
2.129	DISHWASHER.
2.130	STEEL BATHTUB.
2.131	1" LIGHT FIXTURE @ 8" SPACING @

NCP - KIMANIS STYLER COMMONS

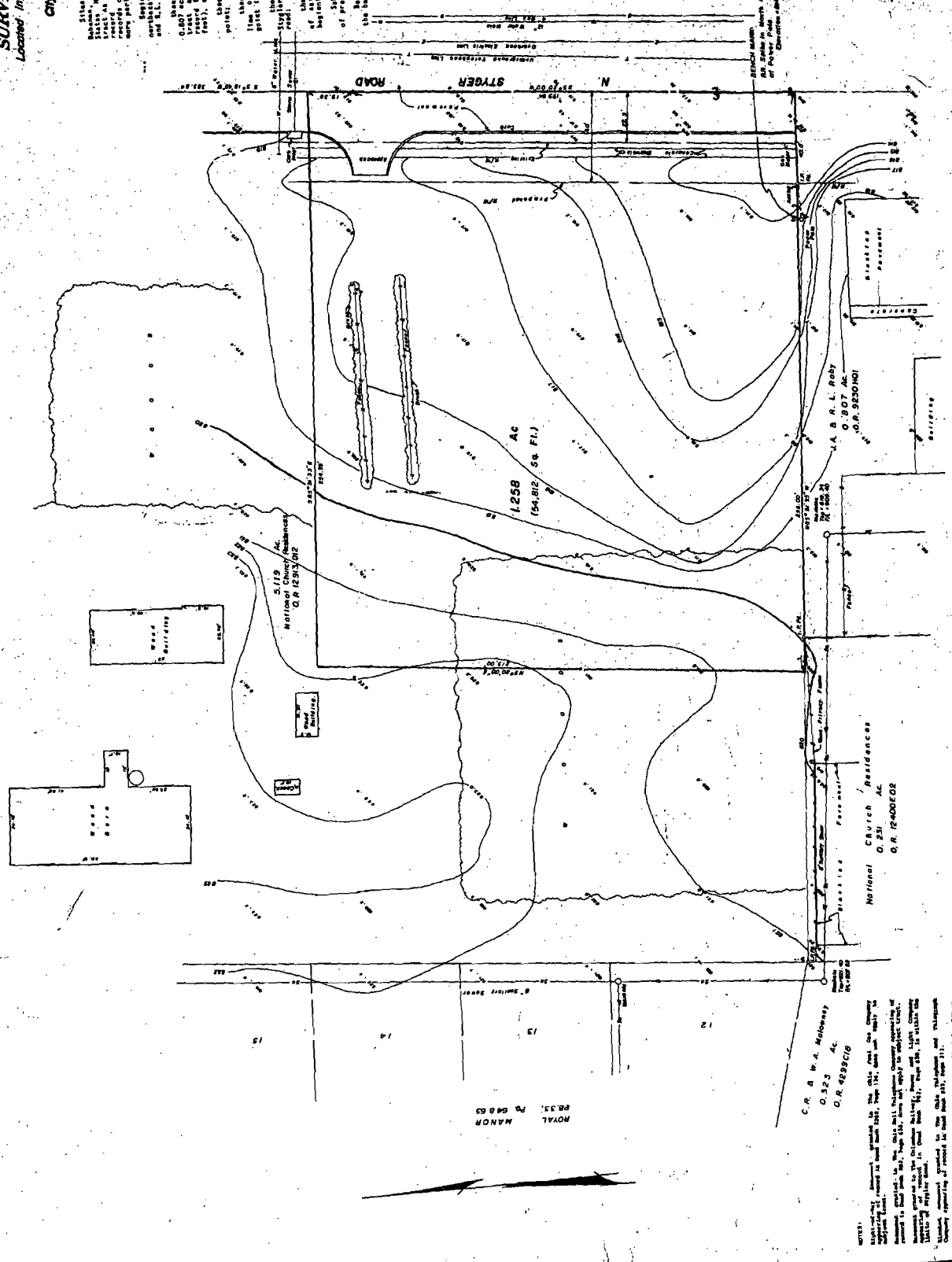
SURVEY OF ACREAGE PARCEL
 Located in Section 1, Township 4, Range 17
 United States Military Lands
 City of Canton, Franklin County, Ohio

situated in the State of Ohio, County of Franklin, City of Canton, being located in Section 1, Township 4, Range 17, United States Military Lands, containing 1258.32 square feet of land, being more particularly bounded and described as follows:
 Beginning at a point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly, by line 125' 00" East, a distance of 215.00 feet to a point;
 thence South 89° 21' 30" East, parallel with the westerly line of said parcel, a distance of 284.75 feet to a point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;
 thence South 9° 20' 00" West, a distance of 19.32 feet to an angle point in the center of a line between the northeast corner of a parcel of land owned by J.A. Eberly and L.L. Eberly;



EVANS, WECHWART, HAMBLETON & TILTON, INC.
 Consulting Engineers & Surveyors
 Columbus, Ohio

I, *J. [Signature]*, Surveyor, do hereby certify that this is a true and correct copy of the original as recorded in the Office of the Surveyor, Franklin County, Ohio, on the 23rd day of January, 1940.
 J. [Signature]
 Surveyor



ROYAL MANGR
 RESS: No 648 65

NOTES:
 1. The original plat was recorded in the Office of the Surveyor, Franklin County, Ohio, on the 23rd day of January, 1940.
 2. The original plat was recorded in the Office of the Surveyor, Franklin County, Ohio, on the 23rd day of January, 1940.
 3. The original plat was recorded in the Office of the Surveyor, Franklin County, Ohio, on the 23rd day of January, 1940.
 4. The original plat was recorded in the Office of the Surveyor, Franklin County, Ohio, on the 23rd day of January, 1940.

GENERAL NOTES

1. The City of Gambina, together with the State of Ohio, and the Federal Government, are the owners of the National Church Residences. The City of Gambina, together with the State of Ohio, and the Federal Government, shall be responsible for the construction of the National Church Residences. The City of Gambina, together with the State of Ohio, and the Federal Government, shall be responsible for the construction of the National Church Residences.

2. The City of Gambina, together with the State of Ohio, and the Federal Government, shall be responsible for the construction of the National Church Residences. The City of Gambina, together with the State of Ohio, and the Federal Government, shall be responsible for the construction of the National Church Residences.

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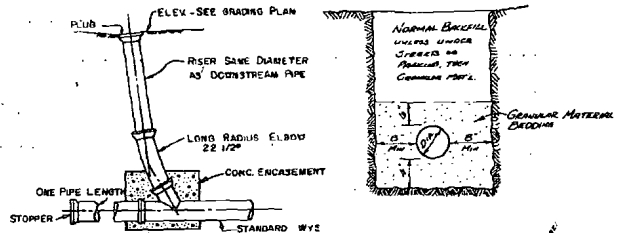
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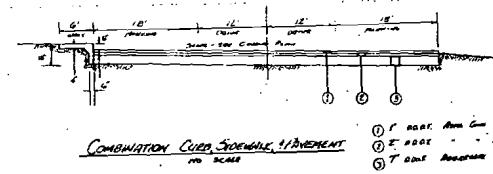
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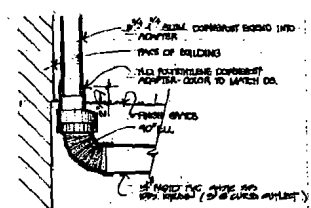
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TYPICAL TRENCH
NO SCALE

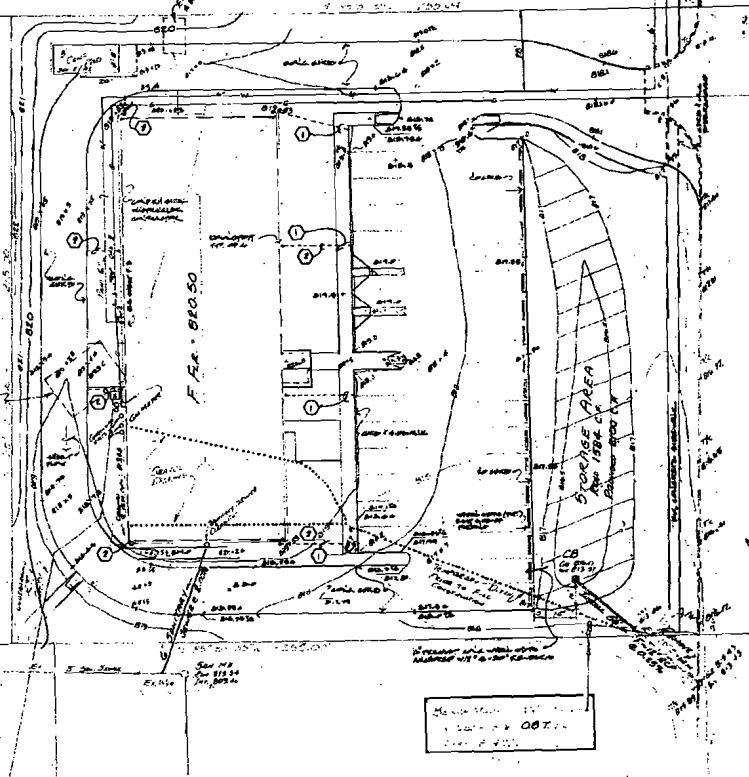


CLEAN OUT
NO SCALE



downspout detail
NO SCALE

- STORM DRAINAGE EXTERIOR DETAIL**
- 3" DIAMETER PVC DOWNSPOUT DRAIN IN CONCRETE SIDEWALK THROUGH CURB, WITH 80# RUBBER TESTALLED ICE, 2" EACH SIDE OF LEAKERS, AND WITH WEATHER OF 2" CONCRETE COVER.
 - 4" DIAMETER PVC DOWNSPOUT DRAIN LEADER CONNECT TO UNDERGROUND STORM SYSTEM AS INDICATED.



DRIVE SECTION
NO SCALE

CURB DETAIL
NO SCALE

LEGEND

- EX. CONTOUR
- PROP. CONTOUR
- PROP. SPOT ELEV.
- CATCH BASIN

NOTE

- LOCATION OF TELEPHONE, ELECTRIC, GAS, AND CABLE TV ARE SCHEMATIC. THE UTILITY COMPANIES WILL DETERMINE THE ACTUAL LOCATION.
- ALL WORK PERFORMED TO BE DONE IN ACCORDANCE WITH CITY OF GAMBINA SPECIFICATIONS.

NOTE

THE CB SHOULD BE CONSTRUCTED AND THE TEMPORARY COVER SHALL BE REMOVED WITH THE DRIVE. IF THE DRIVE IS ABANDONED FROM TO CONSTRUCTION OF THE DRIVE, THE TEMPORARY COVER SHALL BE REMOVED & A PIT BE EXCAVATED THAT CAN BE PERMANENTLY FLOWED OFF WITH THE EXISTING DRIVE.



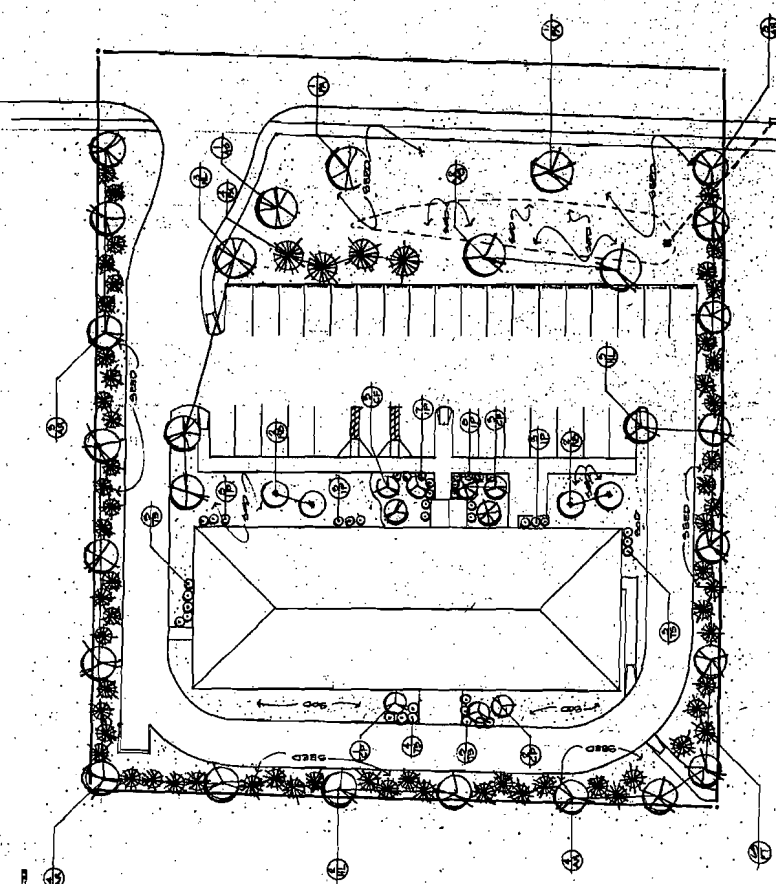
AHLERS, NOR AND ASSOC., INC.
ENGINEERING & SURVEYING
200 S. W. 10th St.
Gambina, Ohio 43024
OCT 15, 1990

GRADING & UTILITY PLAN
NATIONAL CHURCH RESIDENCES
GAMBINA, OHIO

APPROVALS:

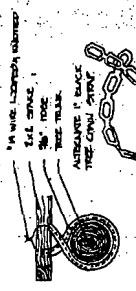
City Engineer City of Gambina, Ohio	Date
Professional Division of Water & Sewer Gambina, Ohio	Date
Professional Engineer	Date
Professional Engineer	Date

LANDSCAPE PLANTING SPECIFICATIONS	PLANT LIST	SIZE
1. 10' x 10' BIRCH	Betula papyrifera	1" cal.
2. 10' x 10' BIRCH	Betula papyrifera	1" cal.
3. 10' x 10' BIRCH	Betula papyrifera	1" cal.
4. 10' x 10' BIRCH	Betula papyrifera	1" cal.
5. 10' x 10' BIRCH	Betula papyrifera	1" cal.
6. 10' x 10' BIRCH	Betula papyrifera	1" cal.
7. 10' x 10' BIRCH	Betula papyrifera	1" cal.
8. 10' x 10' BIRCH	Betula papyrifera	1" cal.
9. 10' x 10' BIRCH	Betula papyrifera	1" cal.
10. 10' x 10' BIRCH	Betula papyrifera	1" cal.
11. 10' x 10' BIRCH	Betula papyrifera	1" cal.
12. 10' x 10' BIRCH	Betula papyrifera	1" cal.
13. 10' x 10' BIRCH	Betula papyrifera	1" cal.
14. 10' x 10' BIRCH	Betula papyrifera	1" cal.
15. 10' x 10' BIRCH	Betula papyrifera	1" cal.
16. 10' x 10' BIRCH	Betula papyrifera	1" cal.
17. 10' x 10' BIRCH	Betula papyrifera	1" cal.
18. 10' x 10' BIRCH	Betula papyrifera	1" cal.
19. 10' x 10' BIRCH	Betula papyrifera	1" cal.
20. 10' x 10' BIRCH	Betula papyrifera	1" cal.

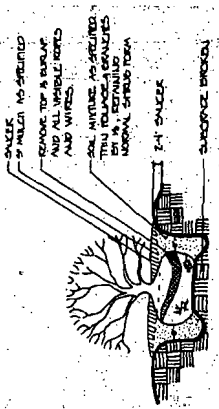


1"=200'
 North
SITE LANDSCAPING PLAN

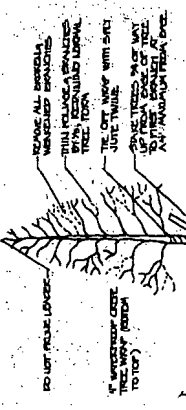
- GENERAL NOTES:**
- THE SPECIFICATION AND DETAILS ARE PART OF THIS LANDSCAPE PLAN. THE OWNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF AUSTIN AND THE STATE OF TEXAS.
 - THE LANDSCAPE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF AUSTIN AND THE STATE OF TEXAS.
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STAKE DETAIL



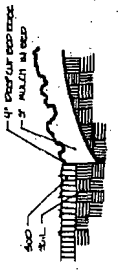
STAKE DETAIL



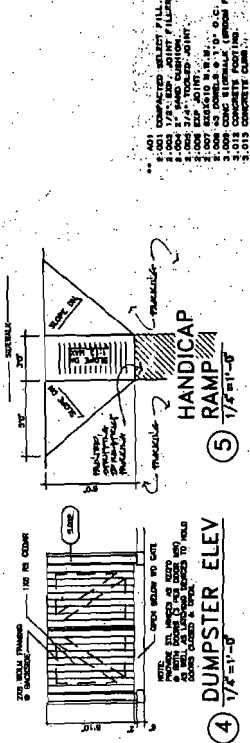
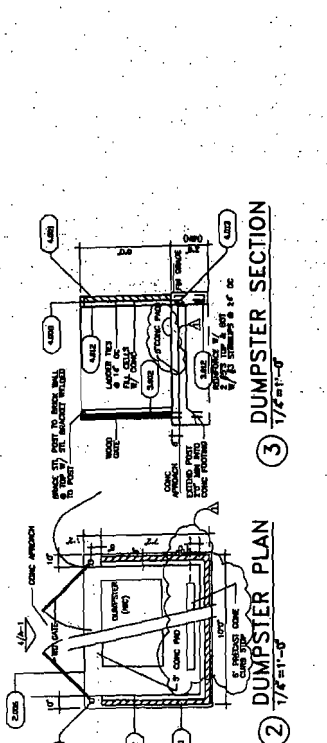
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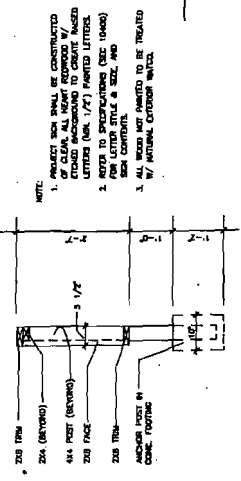
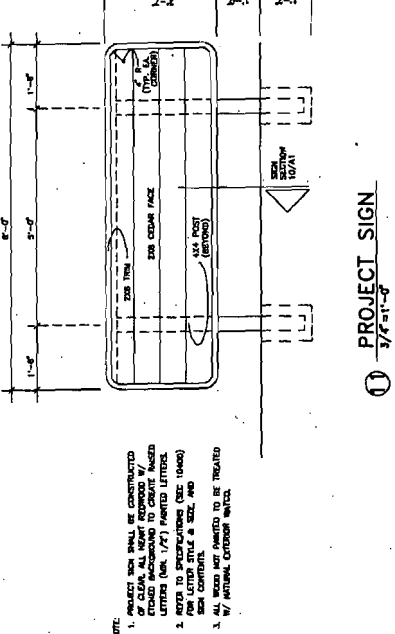
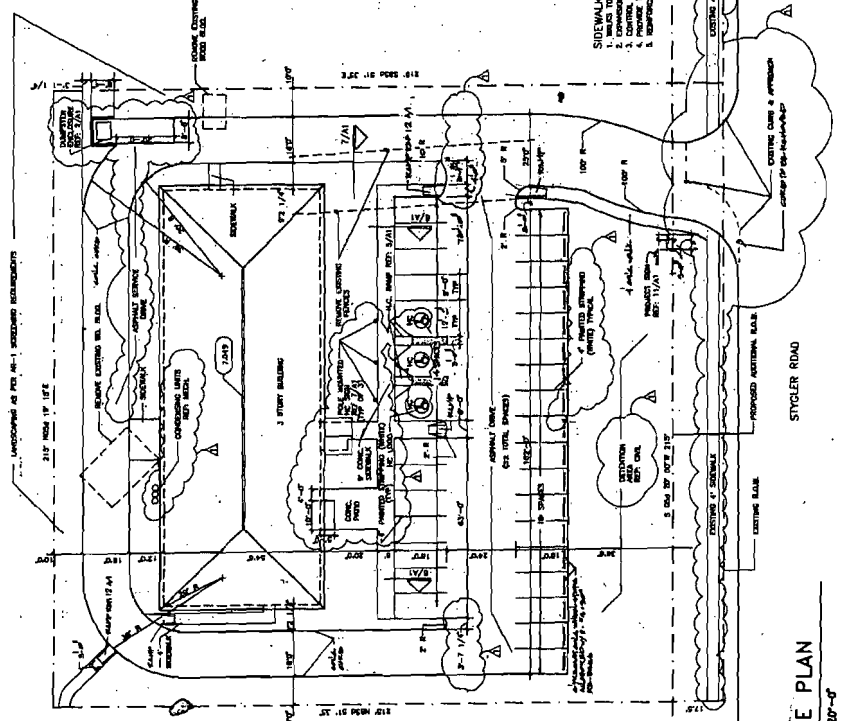
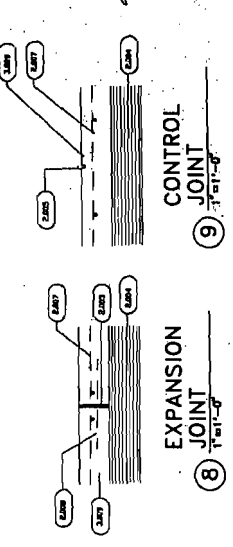
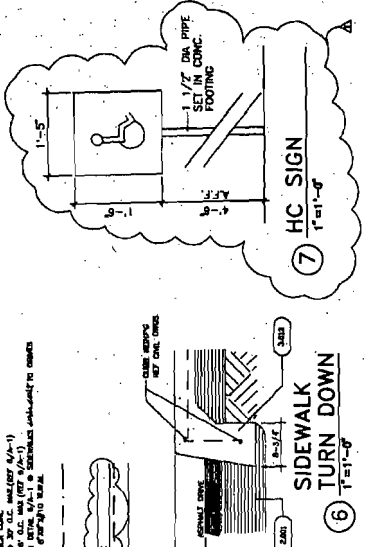
STAKE DETAIL



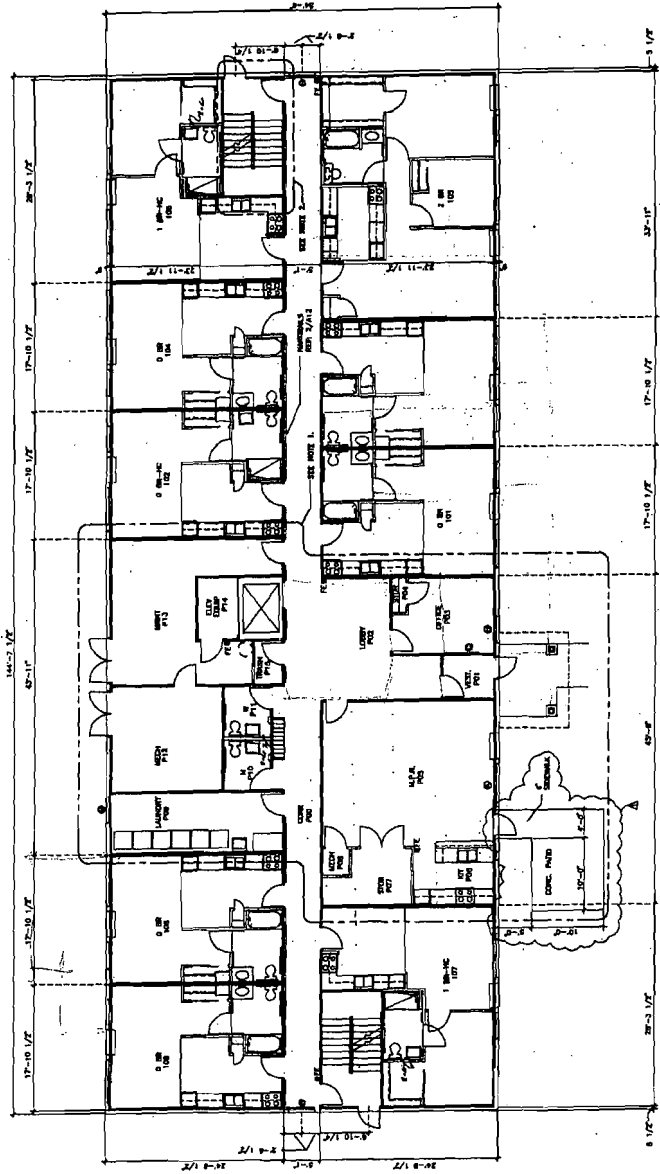
DEEP CUT BED EDGE



1. CONCRETE SELECT FILL.
2. 2" X 4" X 8" JOIST.
3. 2" X 4" X 8" TRUSS.
4. 2" X 4" X 8" TRUSS.
5. 2" X 4" X 8" TRUSS.
6. 2" X 4" X 8" TRUSS.
7. 2" X 4" X 8" TRUSS.
8. 2" X 4" X 8" TRUSS.
9. 2" X 4" X 8" TRUSS.
10. 2" X 4" X 8" TRUSS.
11. 2" X 4" X 8" TRUSS.
12. 2" X 4" X 8" TRUSS.



- NOTE:
1. PROJECT SIGN SHALL BE CONSTRUCTED OF ALUMINUM.
 2. ALL LETTERS TO BE CONSTRUCTED OF ALUMINUM.
 3. LETTERS TO BE MOUNTED ON A 1/2" ALUMINUM LETTER MOUNTING SYSTEM.
 4. REFER TO SPECIFICATIONS FOR LETTERS FOR LETTER STYLE & SIZE AND SIGN CONSTRUCTION.
 5. ALL LETTERS TO BE TREATED WITH AN ANTI-CORROSION FINISH.



① 1ST FLOOR PLAN
1/8"=1'-0"

- NOTES:
1. SEE SHEET A-3 FOR 1/4" SCALE
 2. DIMENSIONS OF THIS FLOOR
 3. DIMENSIONS OF WALLS
 4. DIMENSIONS OF STAIRS
 5. DIMENSIONS OF CEILING
 6. DIMENSIONS OF FLOOR
 7. DIMENSIONS OF WALLS
 8. DIMENSIONS OF CEILING
 9. DIMENSIONS OF FLOOR
 10. DIMENSIONS OF WALLS
 11. DIMENSIONS OF CEILING
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 49. DIMENSIONS OF WALLS
 50. DIMENSIONS OF CEILING

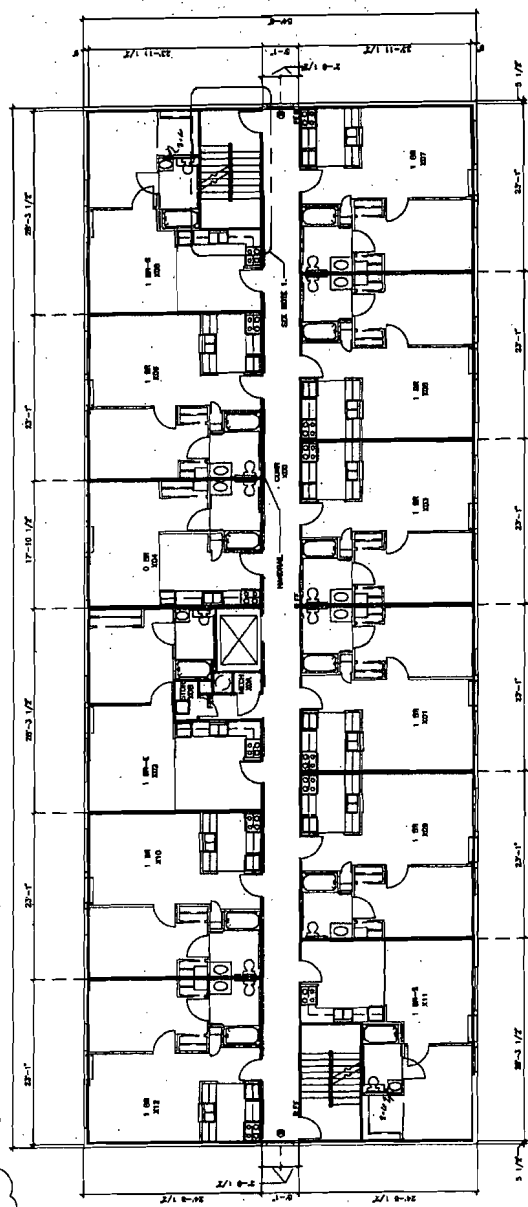
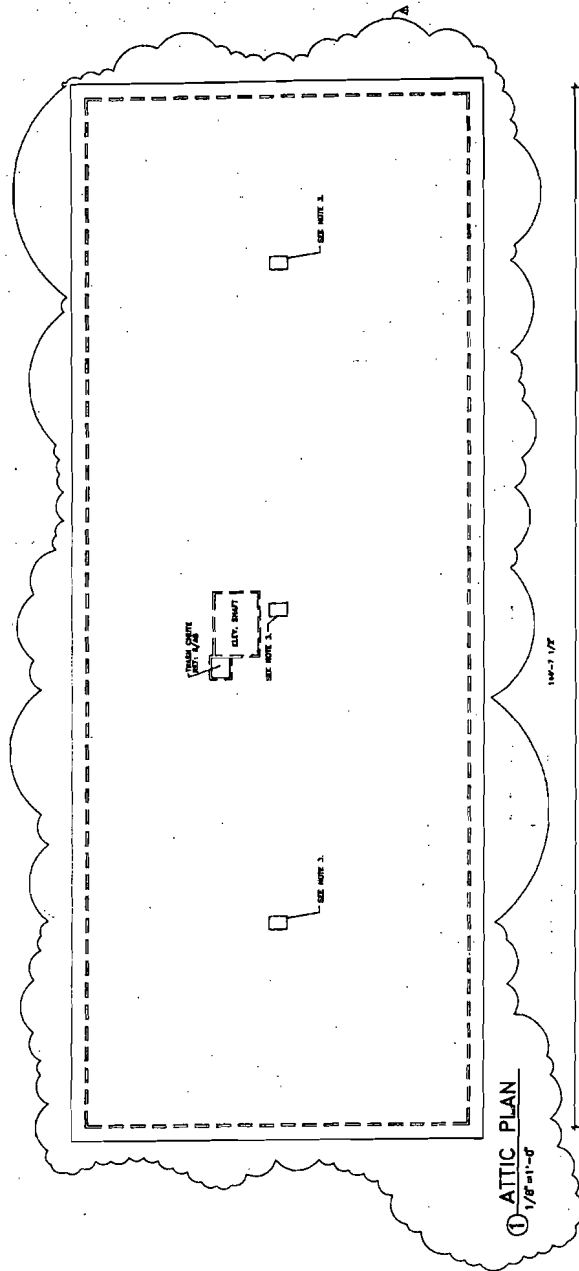
RANDALL H. BALDWIN
 ARCHITECT
 7035 BEE CAVE ROAD, SUITE 204
 AUSTIN, TEXAS 78746 512/328-7618

NATIONAL CHURCH RESIDENCES
 OF NORTHERN COLUMBUS
 HUD # 043-EH315

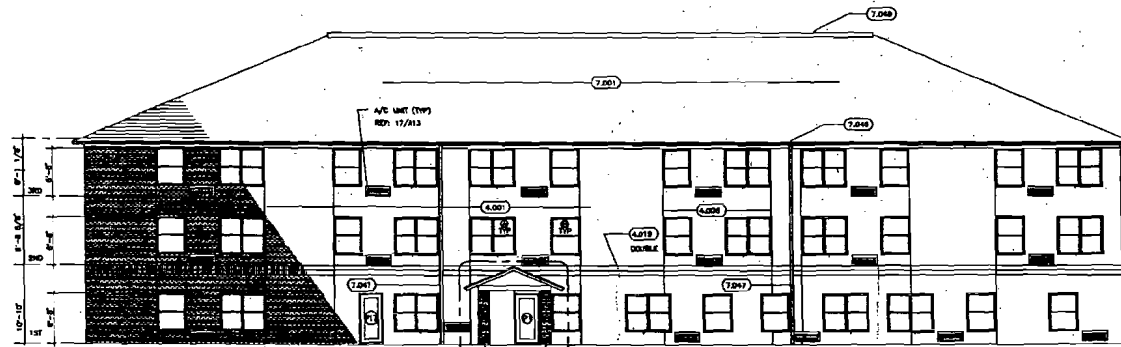


DRAWN: S.E.S.	DATE: 10/28/80
REVISIONS:	
APPROVED: REVISION:	
A. BALDWIN, ARCHITECT	

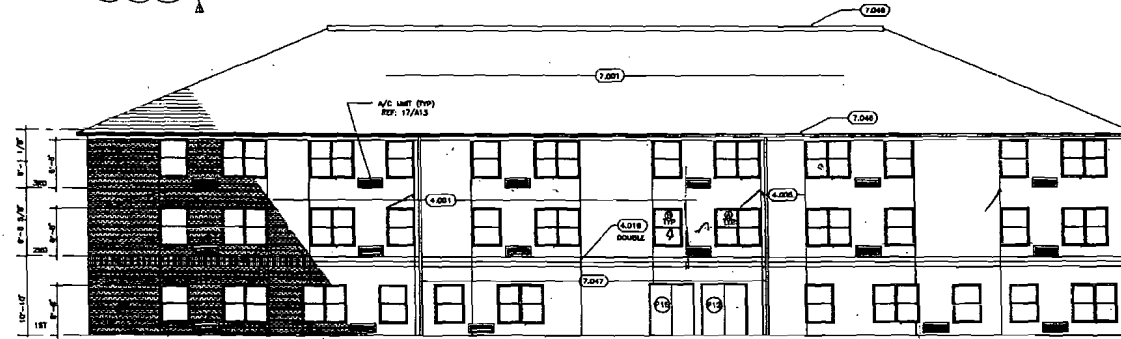
SHEET
 A-3



- NOTES:
1. DIMENSIONS ARE 1/4" SCALE
 2. LOCATION OF STAIRS
 3. WALLS SHOWN SHINED (CONCRETE) SHALL BE
 4. APPROXIMATE LOCATION OF FIRE EXITS
 5. APPROXIMATE LOCATION OF FIRE EXITS
 6. APPROXIMATE LOCATION OF FIRE EXITS
 7. APPROXIMATE LOCATION OF FIRE EXITS
 8. APPROXIMATE LOCATION OF FIRE EXITS
 9. APPROXIMATE LOCATION OF FIRE EXITS
 10. APPROXIMATE LOCATION OF FIRE EXITS



① FRONT EAST ELEVATION
1/8"=1'-0"

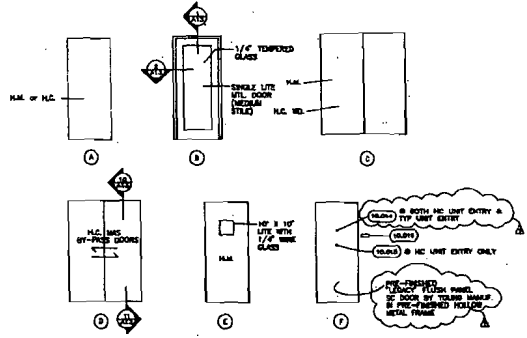


② REAR WEST ELEVATION
1/8"=1'-0"

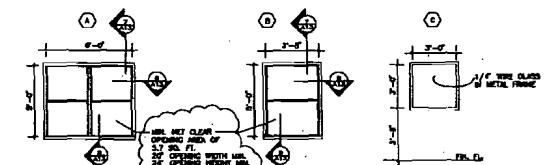
WINDOW SCHEDULE

MK	SIZE	TYPE	DETAILS			REMARKS
			HEAD	JAMB	SILL	
A	2'-0" x 7'-0"	SH ALUM	7/113	R/113	R/113	REF. 12/A13 FOR 3RD FLOOR HEAD.
B	2'-0" x 7'-0"	SH ALUM	7/113	R/113	R/113	REF. 12/A13 FOR 3RD FLOOR HEAD.
C	2'-0" x 7'-0"	METAL, FIXED	R/113	R/113	R/113	FIXED GLASS.

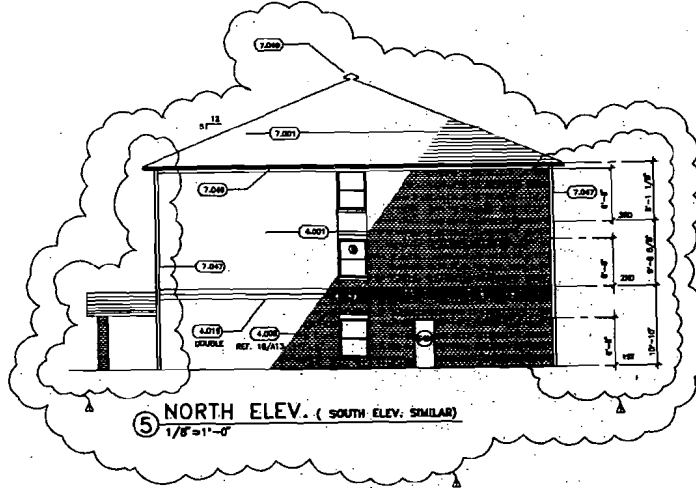
REF. SHEET A-4 FOR WINDOW TYPE ELEVATIONS
ALL EXTERIOR WINDOWS TO HAVE BLINDS



③ DOOR ELEV TYPES
1/8"=1'-0"



④ WINDOW TYPES
1/8"=1'-0"



⑤ NORTH ELEV. (SOUTH ELEV. SIMILAR)
1/8"=1'-0"

- 4.001 FACE BRICK
- 4.002 BRICK WRAPPED AND WOLM. POST
- 4.003 CONTROL JOINT
- 4.018 BRICK BELLIES COURSE
- 7.001 COMPOSITION SHINGLES
- 7.044 6" OAKEN ALUM. OUTLET
- 7.047 3-3/4" x 4-3/4" RECT. DOWNSPOUT
- 7.048 COM. ALUM. RIDGE VENT REF. 18
- 7.049 1/2" IN. PER SQ. FT. NET FREE AREA. INSTALL AS PER MANUFACTURERS INSTRUCTIONS
- 10.014 PEEP HOLE # 80
- 10.016 PEEP HOLE # 48" (I.N.C. UNITS)
- 10.018 UNIT SIGNAGE
- 10.019 A/C/HEATER FOR UNIT. REF. 18/113

RANDALL H. BALDWIN
ARCHITECT
7035 BEE CAVE ROAD, SUITE 204
AUSTIN, TEXAS 78746 512/328-7618

NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD # 043-EH315



DRAWN: S.E.S.
DATE: 10/25/80
REVISIONS:
NO DATE REVISION

4. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
 5. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
 6. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
 7. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
 8. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
 9. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
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 18. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
 19. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)
 20. DOOR SWICHES INSTALLED ON WALLS (NOT ON CEILING)

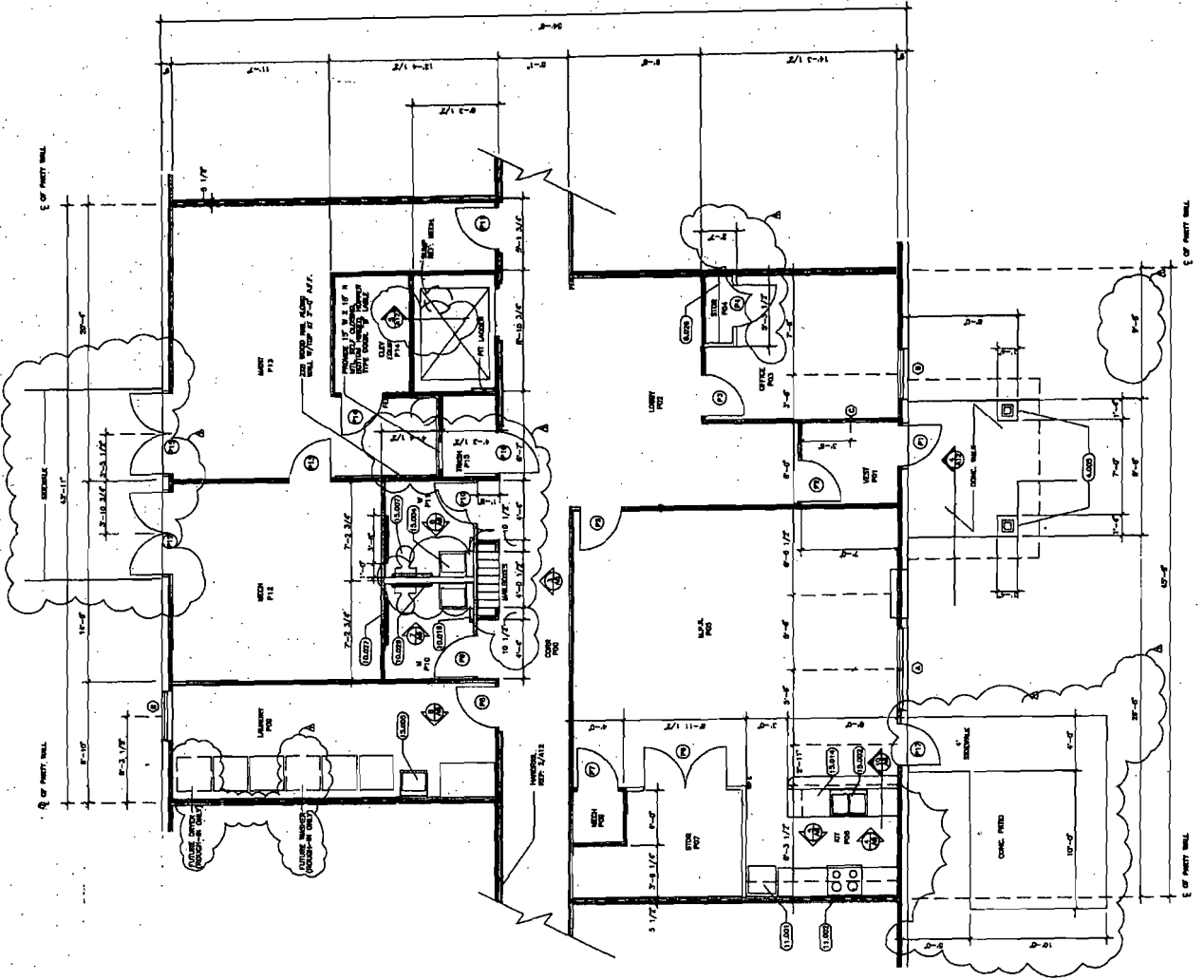
RANDALL H. BALDWIN
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 AUSTIN, TEXAS 78746 512/328-7618

NATIONAL CHURCH RESIDENCES
 OF NORTHERN COLUMNS
 HUD # 043-EH315



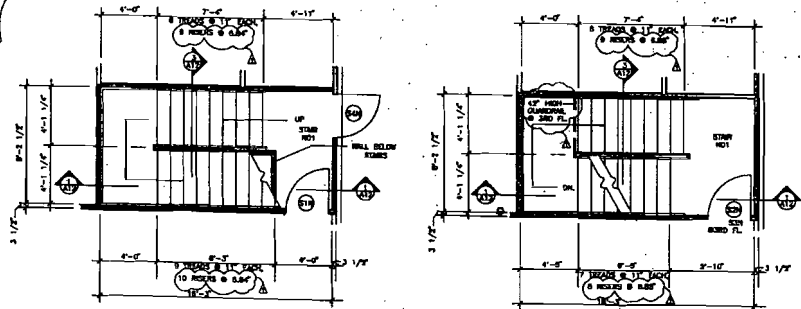
DRAWN: S.E.S.
 DATE: 10/26/90
 REVISIONS:
 NO DATE REVISION
 A 12/2/90 BY S.E.S.

SHEET
 A-5



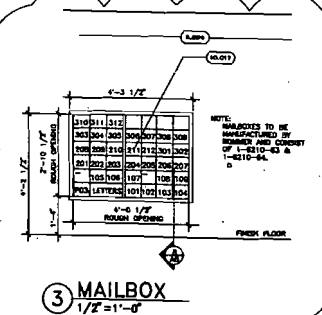
1 1st FL. CORE PLAN
 1/4" = 1'-0"

NOTE:
 WALLS SHOWN SHALLOU (DASHED) SHALL BE
 SHOWN IN CONSTRUCTION REFERENCE
 APPROPRIATE SECTION SHEET (P-1).

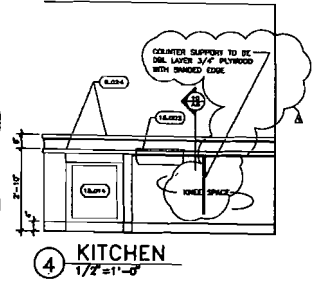


1 1ST FLOOR STAIRS
1/2"=1'-0"

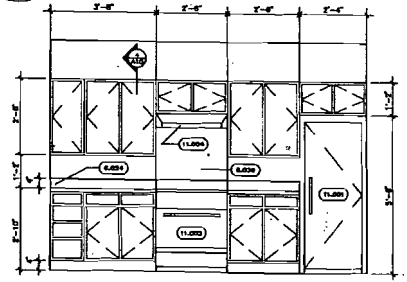
2 2ND & 3RD FLOOR STAIRS
1/2"=1'-0"



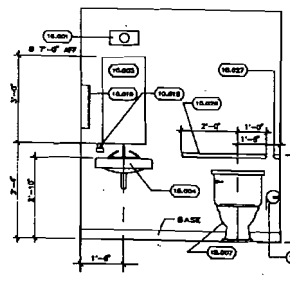
3 MAILBOX
1/2"=1'-0"



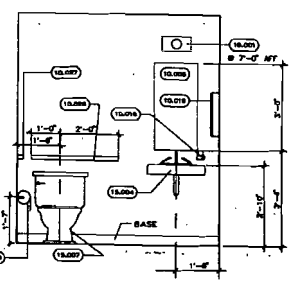
4 KITCHEN
1/2"=1'-0"



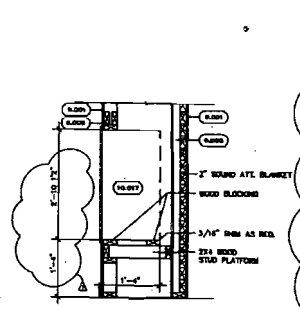
5 KITCHEN
1/2"=1'-0"



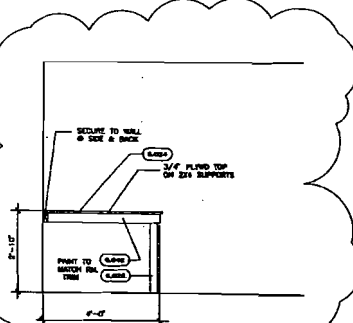
6 WOMEN'S TOILET
1/2"=1'-0"



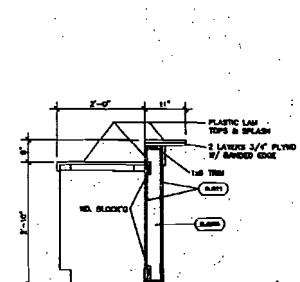
7 MEN'S TOILET
1/2"=1'-0"



8 MAILBOX SECTION
3/4"=1'-0"



9 TABLE ELEV.
1/2"=1'-0"



10 COUNTER DTL.
3/4"=1'-0"

ROOM FINISH SCHEDULE												PUBLIC AREAS	
ROOM NO.	ROOM NAME	FLOOR	WALLS	CEILING	FLOOR	WALLS	CEILING	DOOR	FINISH	HEIGHT	REMARKS		
POD	CORRIDOR												
PO1	VESTIBULE												
PO2	LOBBY												
PO3	OFFICE												
PO4	CLERK												
PO5	RECEPTION												
PO6	KITCHEN												
PO7	STORAGE												
PO8	LABORATORY												
PO9	MECH.												
PO10	MECH.												
PO11	MEDICAL												
PO12	MEDICAL												
PO13	MEDICAL												
PO14	FLUO. CLAMP												
PO15	FRESH												
PO16	COMMON												
PO17	MEDICAL												
PO18	STORAGE												
PO19	MEDICAL												
PO20	STORAGE												
PO21	SOUTH STAIR												
PO22	HOOD ROOM												

DOOR SCHEDULE												PUBLIC AREAS	
LOCATION NUMBER	SIZE	TYPE	FINISH	HARDWARE	DETAILS	REMARKS							
PA 001	7'0" x 7'0"	1-3/4"	HM	STL									
PA 002	7'0" x 7'0"	1-3/4"	HM	STL									
PA 003	7'0" x 7'0"	1-3/4"	HM	STL									
PA 004	6'0" x 7'0"	1-3/4"	HM	STL									
PA 005	6'0" x 7'0"	1-3/4"	HM	STL									
PA 006	6'0" x 7'0"	1-3/4"	HM	STL									
PA 007	6'0" x 7'0"	1-3/4"	HM	STL									
PA 008	6'0" x 7'0"	1-3/4"	HM	STL									
PA 009	6'0" x 7'0"	1-3/4"	HM	STL									
PA 010	6'0" x 7'0"	1-3/4"	HM	STL									
PA 011	6'0" x 7'0"	1-3/4"	HM	STL									
PA 012	7'0" x 7'0"	1-3/4"	HM	STL									
PA 013	6'0" x 7'0"	1-3/4"	HM	STL									
PA 014	6'0" x 7'0"	1-3/4"	HM	STL									
PA 015	7'0" x 7'0"	1-3/4"	HM	STL									
PA 016	6'0" x 7'0"	1-3/4"	HM	STL									
PA 017	7'0" x 7'0"	1-3/4"	HM	STL									
PA 018	6'0" x 7'0"	1-3/4"	HM	STL									
PA 019	6'0" x 7'0"	1-3/4"	HM	STL									
PA 020	6'0" x 7'0"	1-3/4"	HM	STL									
PA 021	6'0" x 7'0"	1-3/4"	HM	STL									

- NOTES:
- 1. 20 NON RATED DOOR
 - 2. "B" LABEL DOOR
 - 3. STL = WELDED MELLOW METAL FRAME - EXCEPT PO2 TO BE A "HOOD-ON" FRAME
 - 4. MTL = PVC-FINISHED HOLLOW METAL FRAME
- 10.001 2X4 STUDS @ 16" O.C. (TYP)
 - 10.004 PLASTIC LAMINATE COUNTERTOP & SPLASH
 - 10.005 4" x 6" YELLOW PINE SHELVES
 - 10.006 3/8" THICKWOOD LAMBS
 - 10.008 PLASTIC LAMINATE
 - 10.008 1/2" TRIM
 - 10.009 3/4" GYP BOARD (TYPE "X")
 - 10.004 PAINTED GYP BOARD
 - 10.011 1/2" GYP BOARD
 - 10.008 18" X36" MIRROR
 - 10.017 WALLCOVER.
 - 10.018 SOAP DISPENSER
 - 10.019 PAPER TOWEL DISPENSER
 - 10.027 3" x 6" GRAB BAR
 - 10.027 4" x 6" GRAB BAR
 - 10.003 REFRIGERATOR
 - 11.003 DROP-IN BASKET - 30" WIDE
 - 11.004 VENTILATOR HOOD
 - 12.002 HANDICAPPED SINK. INSULATE ALL EXPOSED LINES & SET TRAP & REAR WALL
 - 12.004 HANDICAPPED LAVATORY. INSULATE ALL EXPOSED LINES & SET TRAP & REAR WALL
 - 12.007 HANDICAPPED WATER CLOSET
 - 12.014 DISPENSER
 - 12.001 LIGHT FIXTURES AS SCHEDULED.

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NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD # 043-EH315



DRAWN: S.E.S.
DATE: 10/26/80
REVISIONS:
NO DATE REVISION
A 12/2/80 R.H.B.

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BY: RHB
DATE:

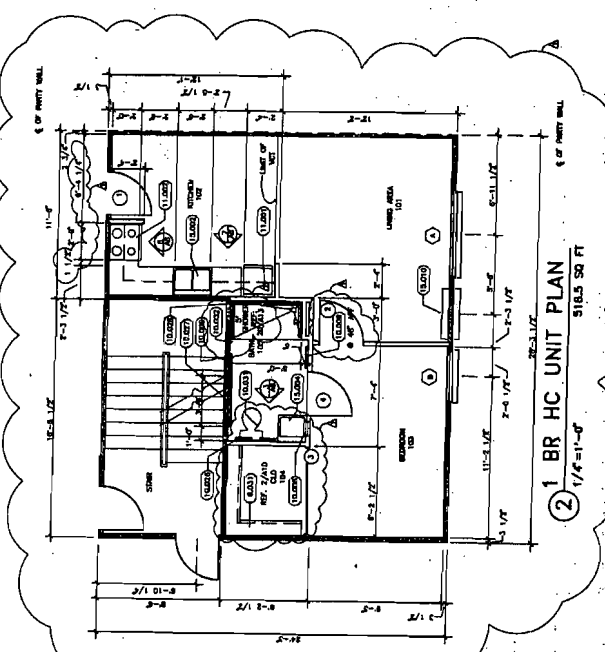
SHEET A-7

- 6.004 PLASTIC LAMINATE CONTIGUOUS TO ADJACENT WALLS.
- 6.005 1/2" X 3/4" X 3/4" YELLOW PINE JOISTS.
- 6.006 (1) 1/2" X 3/4" X 3/4" (2) 1/2" X 3/4" X 3/4" (3) 1/2" X 3/4" X 3/4"
- 6.007 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.008 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.009 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.010 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.011 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.012 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.013 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.014 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.015 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.016 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.017 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.018 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.019 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.020 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.021 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.022 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.023 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.024 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.025 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.026 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.027 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.028 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
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- 6.030 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.031 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.032 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.033 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.034 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.035 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
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- 6.039 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.040 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.041 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.042 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.043 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.044 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.045 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.046 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.047 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.048 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
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- 6.060 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.061 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.062 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.063 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.064 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.065 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.066 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.067 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.068 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.069 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.070 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.071 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.072 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.073 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.074 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.075 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.076 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.077 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
- 6.078 2" X 4" X 6" CONCRETE FILL IN MAINTENANCE CAVES.
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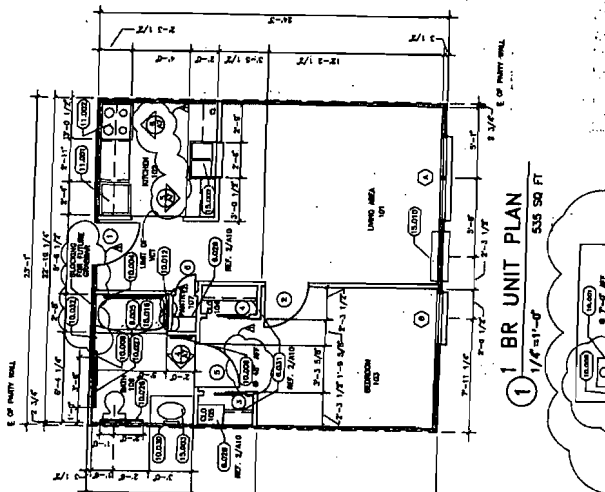
ROOM NUMBER	ROOM NAME	FLOOR	WALL	CEILING	ROOF	MEASUREMENTS	REMARKS
101	LIVING AREA					11'-0" X 11'-0"	
102	KITCHEN					7'-0" X 7'-0"	
103	BATH					5'-0" X 7'-0"	
104	BR					11'-0" X 11'-0"	
105	BR					11'-0" X 11'-0"	

ROOM NUMBER	ROOM NAME	FLOOR	WALL	CEILING	ROOF	MEASUREMENTS	REMARKS
101	LIVING AREA					11'-0" X 11'-0"	
102	KITCHEN					7'-0" X 7'-0"	
103	BATH					5'-0" X 7'-0"	
104	BR					11'-0" X 11'-0"	
105	BR					11'-0" X 11'-0"	

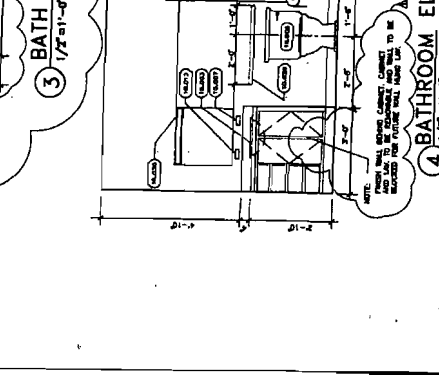
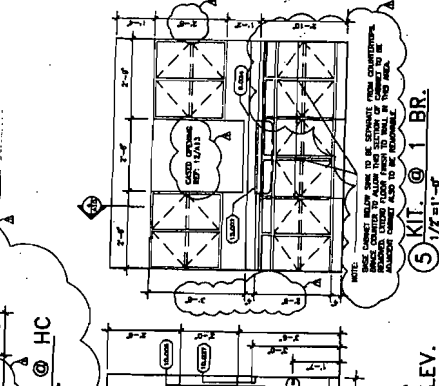
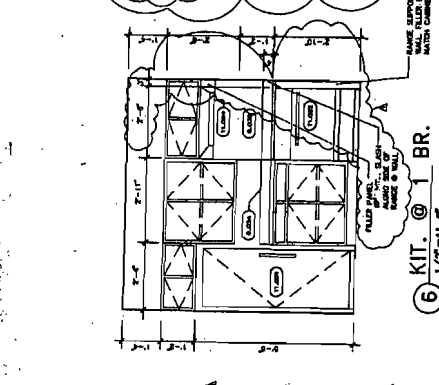
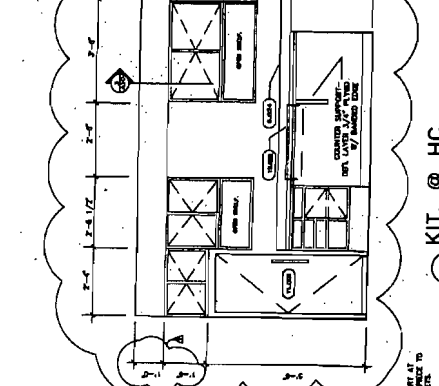
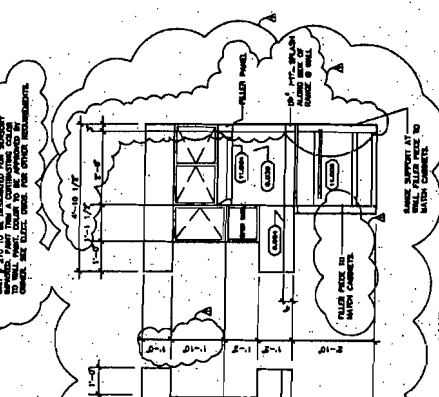
ROOM NUMBER	ROOM NAME	FLOOR	WALL	CEILING	ROOF	MEASUREMENTS	REMARKS
101	LIVING AREA					11'-0" X 11'-0"	
102	KITCHEN					7'-0" X 7'-0"	
103	BATH					5'-0" X 7'-0"	
104	BR					11'-0" X 11'-0"	
105	BR					11'-0" X 11'-0"	

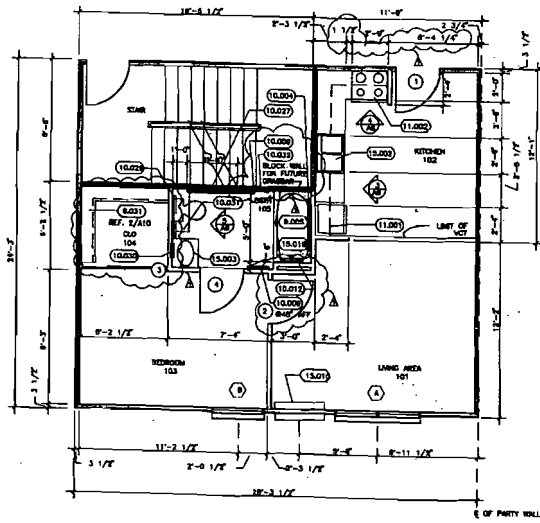


ROOM NUMBER	ROOM NAME	FLOOR	WALL	CEILING	ROOF	MEASUREMENTS	REMARKS
101	LIVING AREA					11'-0" X 11'-0"	
102	KITCHEN					7'-0" X 7'-0"	
103	BATH					5'-0" X 7'-0"	
104	BR					11'-0" X 11'-0"	
105	BR					11'-0" X 11'-0"	



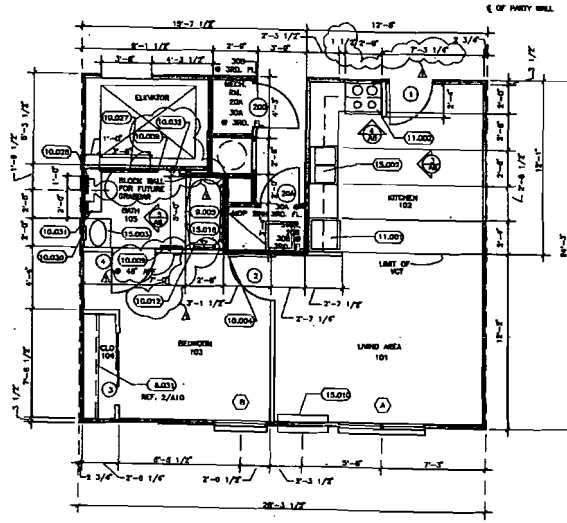
ROOM NUMBER	ROOM NAME	FLOOR	WALL	CEILING	ROOF	MEASUREMENTS	REMARKS
101	LIVING AREA					11'-0" X 11'-0"	
102	KITCHEN					7'-0" X 7'-0"	
103	BATH					5'-0" X 7'-0"	
104	BR					11'-0" X 11'-0"	





① 1 BR UNIT @ STAIR PLAN
1/4"=1'-0"

518.5 SQ. FT.



② 1 BR UNIT @ ELEV PLAN
1/4"=1'-0"

528 SQ. FT.

ROOM FINISH SCHEDULE												1 BEDROOM UNIT @ STAIR	
ROOM NUMBER	ROOM NAME	FLOOR	BASE	WALL	CILD	CEILING	DOOR	SWITCH	OUTLET	HEIGHT	REMARKS		
101	LIVING AREA												
102	KITCHEN												
103	BEDROOM												
104	CLOSET												
105	BATH												

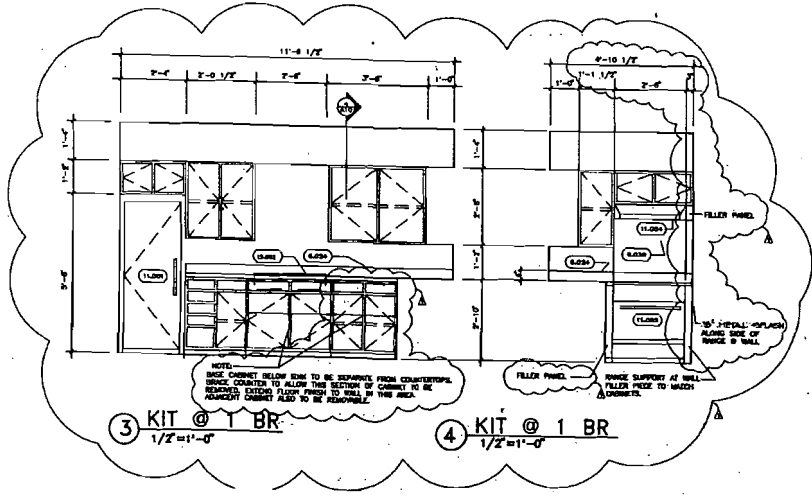
DOOR SCHEDULE												1 BEDROOM UNIT @ STAIR	
LOCATION NUMBER	NUMBER	SIZE	SWITCH	VENTIL.	MATERIAL	FINISH	HARDWARE	DETAILS	REMARKS				
101	1	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	13/A13	14/A13			
102	2	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	3/A13	4/A13			
103	3	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	10/A13	11/A13			
104	4	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	3/A13	4/A13			

NOTES: 20 MIL. RATED DOOR.

ROOM FINISH SCHEDULE												1 BEDROOM UNIT @ ELEV.	
ROOM NUMBER	ROOM NAME	FLOOR	BASE	WALL	CILD	CEILING	DOOR	SWITCH	OUTLET	HEIGHT	REMARKS		
101	LIVING AREA												
102	KITCHEN												
103	BEDROOM												
104	CLOSET												
105	BATH												

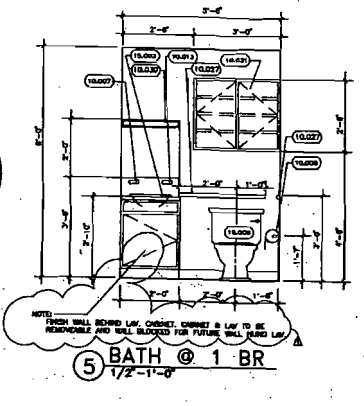
DOOR SCHEDULE												1 BEDROOM UNIT @ ELEV.	
LOCATION NUMBER	NUMBER	SIZE	SWITCH	VENTIL.	MATERIAL	FINISH	HARDWARE	DETAILS	REMARKS				
101	1	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	13/A13	14/A13			
102	2	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	3/A13	4/A13			
103	3	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	10/A13	11/A13			
104	4	8'0" x 7'0"	1-3/8"	HC	A	WD	X	X	3/A13	4/A13			

NOTES: 20 MIL. RATED DOOR.

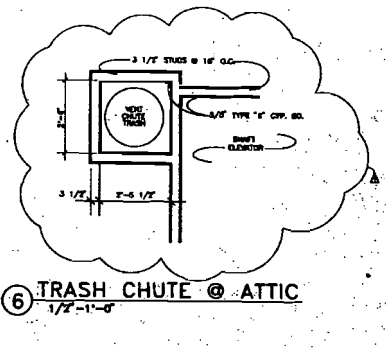


③ KIT @ 1 BR
1/2"=1'-0"

④ KIT @ 1 BR
1/2"=1'-0"



⑤ BATH @ 1 BR
1/2"=1'-0"



⑥ TRASH CHUTE @ ATTIC
1/2"=1'-0"

- 8-004 PLASTIC LAMINATE CONTIGUOUS & OVERLAP.
- 8-001 (1) ROD (1) SHELF.
- 8-009 PLASTIC LAMINATE.
- 8-005 CERAMIC TILE WAINSCOT-6'0" MIN.
- 10-004 48" REAR BAR.
- 10-008 TOILET PAPER HOLDER.
- 10-007 TIGHTENING HOLDER.
- 10-001 18" TUBEL BAR @ 4'6" A.F.P.
- 10-010 24" TUBEL BAR @ 4'6" A.F.P.
- 10-011 18" REAR BAR.
- 10-013 SOAP DISH.
- 10-009 28" GRAB BAR.
- 10-007 28" GRAB BAR.
- 10-009 RECESSED MEDICINE CABINET WITH HANGING FRONT & ATTACHED LIGHT.
- 10-001 14" DEEP X 3'-0" WIDE CABINET WITH 3 SHELVES @ 4'6".
- 10-021 2 TUBEL HOOKS @ 4'6" A.F.P.
- 11-001 REPRISATOR.
- 11-002 18" REAR BAR @ 20" WIDE.
- 11-004 VENTILATOR HOOD.
- 19-002 HAND CAPPED SINK - INSULATE ALL EXPOSED PIPING & ATTACHED LIGHT.
- 19-001 REAR WALL.
- 19-003 WATER CLOSET.
- 19-016 W/HEATER PWS UNIT - REP. W/CH.
- 19-016 STEEL BATHTUB.

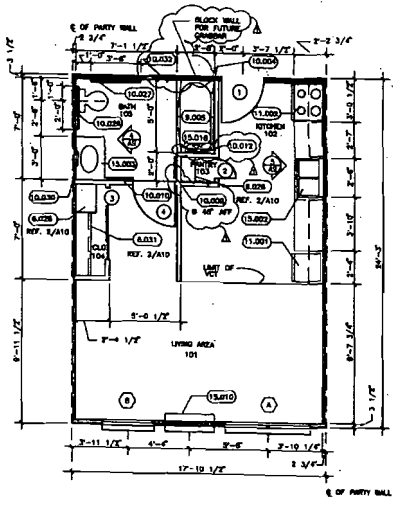
RANDALL H. BALDWIN
ARCHITECT

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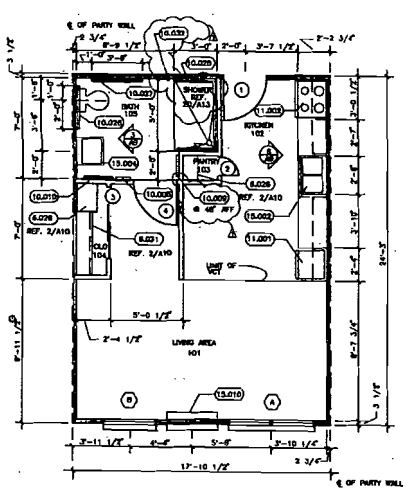
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REVISIONS:
NO DATE REVISION
A 11/1/90 AS NOTED

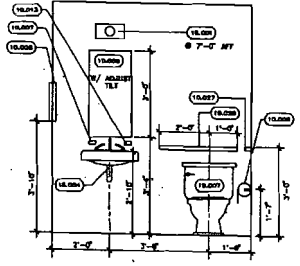
SHEET
A-8



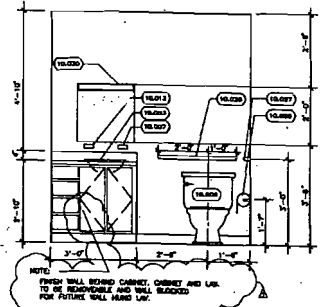
1 0 BR UNIT PLAN
1/4" = 1'-0" 412 SQ FT



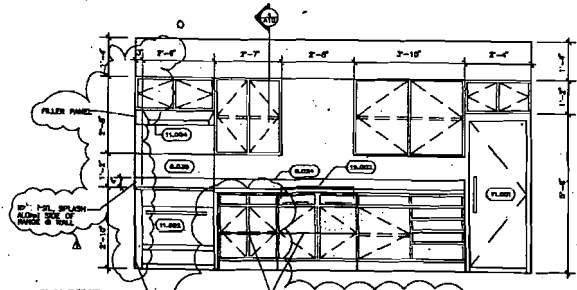
2 0 BR HC UNIT PLAN
1/4" = 1'-0" 412 SQ FT



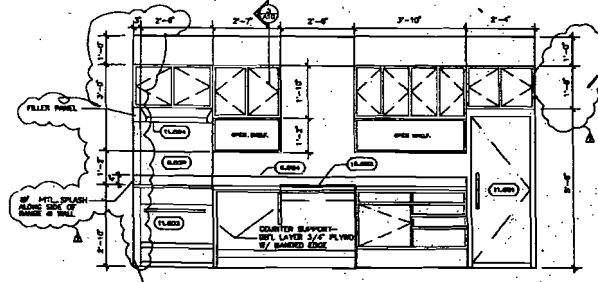
3 BATH @ HC
1/2" = 1'-0"



4 BATHROOM ELEV.
1/2" = 1'-0"



5 KIT. @ 0 BR.
1/2" = 1'-0"



6 KIT. @ HC
1/2" = 1'-0"

ROOM FINISH SCHEDULE 0 BEDROOM UNIT

ROOM NUMBER	ROOM NAME	FLOOR	WALL	CEILING	DOOR	HEIGHT	REMARKS
101	LIVING AREA	O	O	O	O	8'-0"	9" T. CLO. HEIGHT @ 1ST FL.
102	KITCHEN	O	O	O	O	8'-0"	
103	PORCH	O	O	O	O	8'-0"	
104	CLOSET	O	O	O	O	8'-0"	
105	BATH	O	O	O	O	8'-0"	

DOOR SCHEDULE 0 BEDROOM UNIT

LOCATION NUMBER	SIZE	HARDWARE	DETAILS	REMARKS
DB 1	1'-0" x 3'-0"	SC F MTL	13/A13 4/A13	
DB 2	3'-0" x 1'-0"	HC A LWD X	3/A13 4/A13	
DB 3	3'-0" x 3'-0"	HC D LWD X	10/A13 11/A13	
DB 4	4'-0" x 3'-0"	HC A LWD X	3/A13 4/A13	

NOTES:
20 MIN. RATED DOOR

ROOM FINISH SCHEDULE 0 BEDROOM HC UNIT

ROOM NUMBER	ROOM NAME	FLOOR	WALL	CEILING	DOOR	HEIGHT	REMARKS
101	LIVING AREA	O	O	O	O	8'-0"	
102	KITCHEN	O	O	O	O	8'-0"	
103	PORCH	O	O	O	O	8'-0"	
104	CLOSET	O	O	O	O	8'-0"	
105	BATH	O	O	O	O	8'-0"	

DOOR SCHEDULE 0 BEDROOM HC UNIT

LOCATION NUMBER	SIZE	HARDWARE	DETAILS	REMARKS
DB 1	1'-0" x 3'-0"	SC F MTL	13/A13 4/A13	
DB 2	3'-0" x 1'-0"	HC A LWD X	3/A13 4/A13	
DB 3	3'-0" x 3'-0"	HC D LWD X	10/A13 11/A13	
DB 4	4'-0" x 3'-0"	HC A LWD X	3/A13 4/A13	

NOTES:
20 MIN. RATED DOOR

- 14.004 PLASTIC LAMINATE COUNTER & SPLASH
- 14.005 4" x 2" YELLOW FINE SHELVE
- 14.006 1/2" x 1/2" x 1/2" SHELVE
- 14.007 PLASTIC LAMINATE
- 14.008 CERAMIC TILE WAINCOT - 4" x 4"
- 14.009 48" GRAB BAR
- 14.010 18" x 36" MIRROR
- 14.011 TOILET PAPER HOLDER
- 14.012 18" GRAB BAR
- 14.013 24" GRAB BAR
- 14.014 24" GRAB BAR
- 14.015 24" GRAB BAR
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- 14.199 24" GRAB BAR
- 14.200 24" GRAB BAR

RANDALL H. BALDWIN
ARCHITECT
7035 BEE CAVE ROAD, SUITE 204
AUSTIN, TEXAS 78746 512/328-7618

NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD # 043-EH315



DRAWN: S.E.S.
DATE: 10/28/90
REVISIONS:
NO DATE REVISION
A 12/10/90 J.S. BROWN

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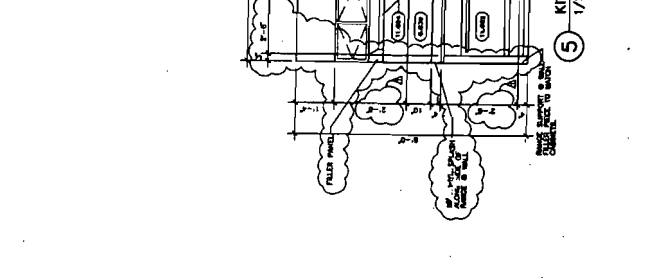
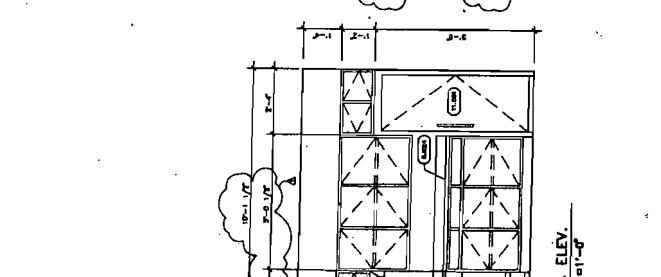
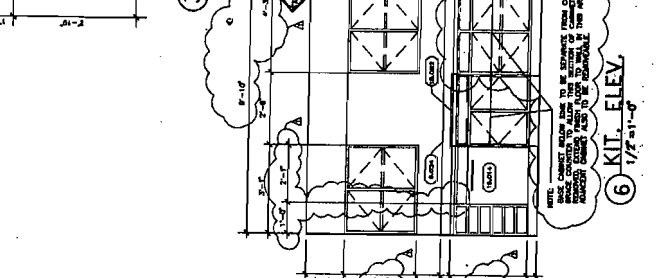
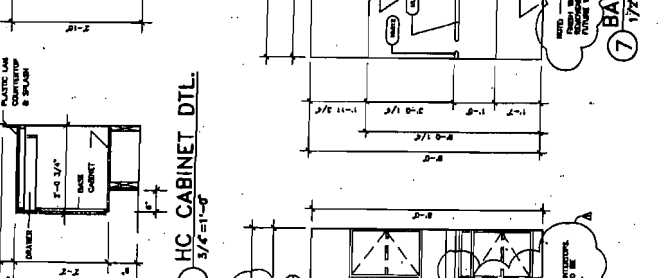
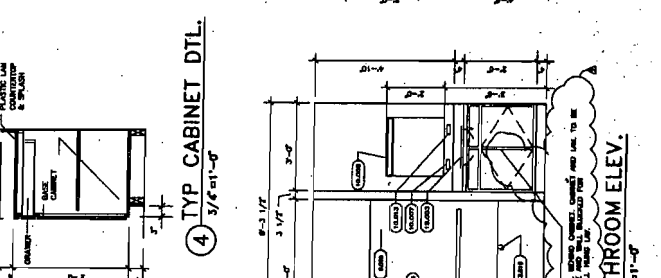
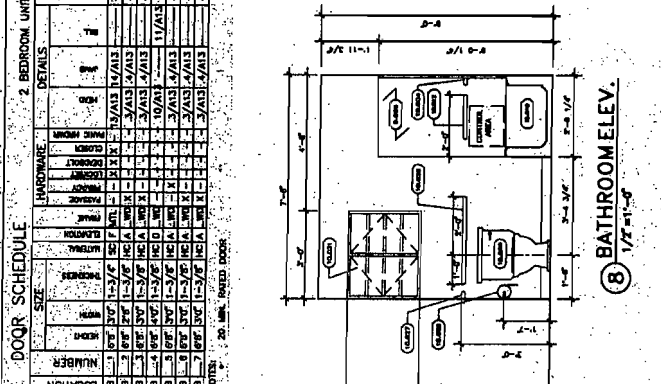
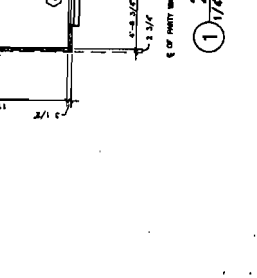
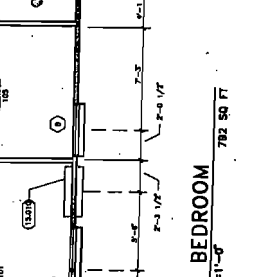
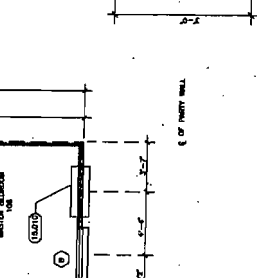
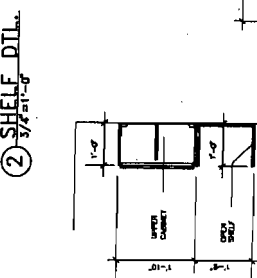
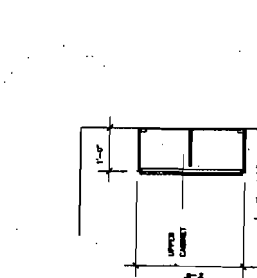
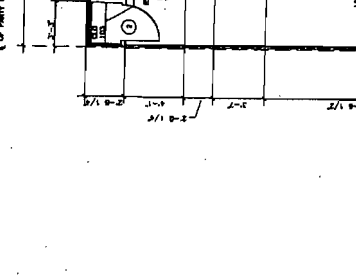
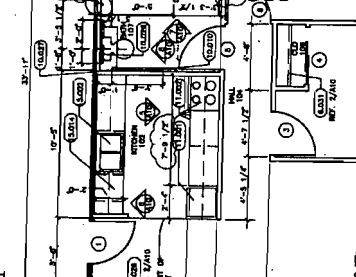
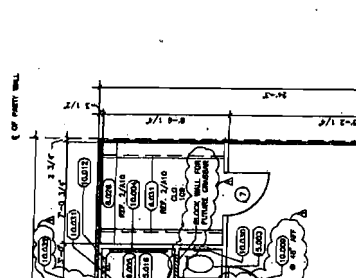
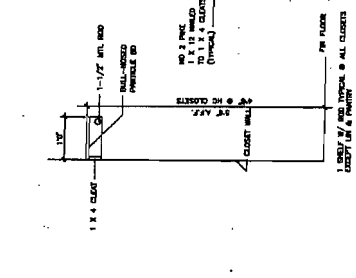
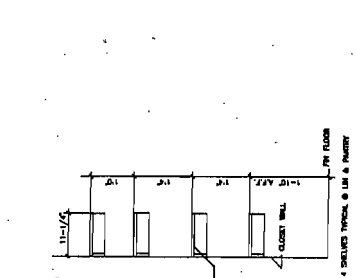
DRAWN: S.E.S.
DATE: 10/28/80
REVISIONS:
NO DATE REVISION
BY: J. BALDWIN

SHEET
A-10

- ** A10 PLASTIC URETHANE CHESTER'S
- 8.028 1/2" x 2" YELLOW 7/16" HOLLOW
- 8.029 1/2" x 2" YELLOW 7/16" HOLLOW
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ROOM NUMBER	ROOM NAME	FINISH SCHEDULE	REMARKS
101	LIVING AREA	101	
102	KITCHEN	102	
103	BATHROOM	103	
104	HALL	104	
105	CL. (CLOSET)	105	
106	CL. (CLOSET)	106	
107	CL. (CLOSET)	107	
108	CL. (CLOSET)	108	
109	CL. (CLOSET)	109	
110	CL. (CLOSET)	110	
111	CL. (CLOSET)	111	
112	CL. (CLOSET)	112	
113	CL. (CLOSET)	113	
114	CL. (CLOSET)	114	
115	CL. (CLOSET)	115	
116	CL. (CLOSET)	116	
117	CL. (CLOSET)	117	
118	CL. (CLOSET)	118	
119	CL. (CLOSET)	119	
120	CL. (CLOSET)	120	

DOOR NUMBER	DOOR NAME	DOOR SCHEDULE	REMARKS
101	LIVING AREA	101	
102	KITCHEN	102	
103	BATHROOM	103	
104	HALL	104	
105	CL. (CLOSET)	105	
106	CL. (CLOSET)	106	
107	CL. (CLOSET)	107	
108	CL. (CLOSET)	108	
109	CL. (CLOSET)	109	
110	CL. (CLOSET)	110	
111	CL. (CLOSET)	111	
112	CL. (CLOSET)	112	
113	CL. (CLOSET)	113	
114	CL. (CLOSET)	114	
115	CL. (CLOSET)	115	
116	CL. (CLOSET)	116	
117	CL. (CLOSET)	117	
118	CL. (CLOSET)	118	
119	CL. (CLOSET)	119	
120	CL. (CLOSET)	120	



2 BEDROOM UNIT
REMARKS

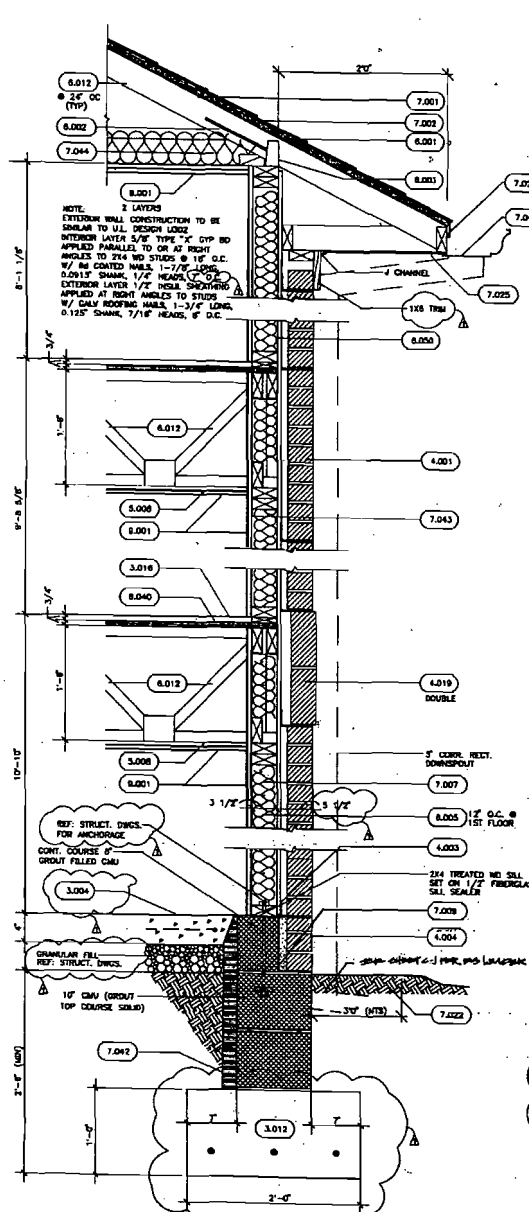
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REMARKS

2 BEDROOM UNIT
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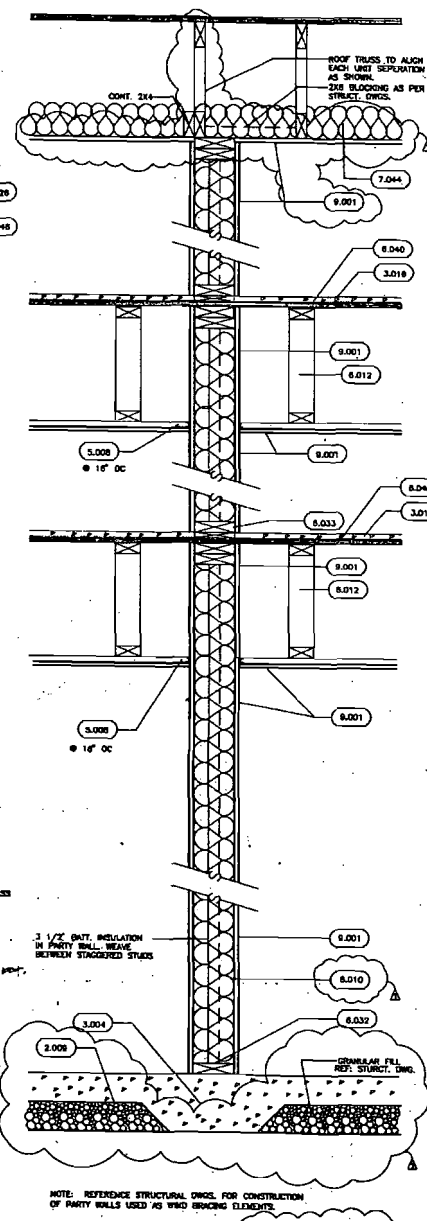
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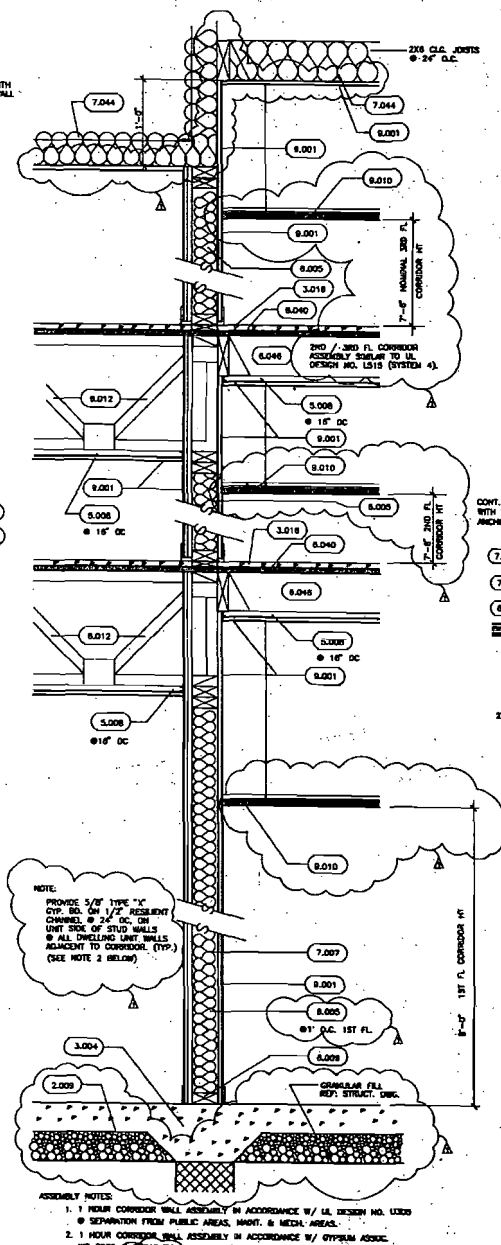
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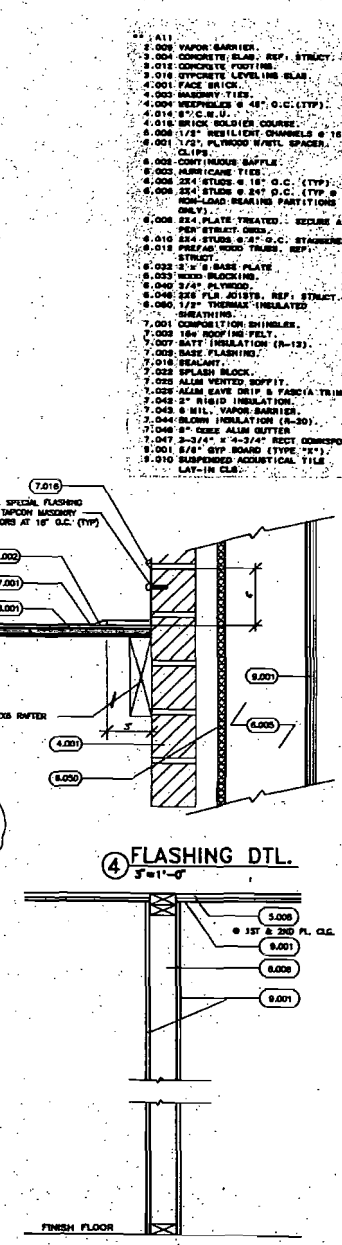
1 SECTION @ EXTERIOR WALL
1/2" x 1'-0"



2 SECTION @ UNIT SEPARATION
1/2" x 1'-0"



3 SECTION @ HALL
1/2" x 1'-0"



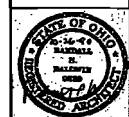
4 FLASHING DTL.
3" x 1'-0"

5 SECTION @ TYP PARTITION WITHIN DWELLING UNIT
1/2" x 1'-0"

- 1. A11 VAPOR BARRIER.
- 2. 008 CONCRETE SLAB, REF. STRUCT.
- 3. 018 CONCRETE FOOTING.
- 4. 018 OPPOSITE LEVELING SLAB.
- 4.001 FACE BRICK.
- 4.002 MASONRY TIES.
- 4.006 KEYS @ 48" O.C. (TYP).
- 4.014 8" x 8" C.E.U.
- 4.016 BRICK SOLAR SHIELD COURSE.
- 4.005 1/2" RESISTENT CHANNEL @ 16"
- 4.001 1/2" PLUMBOO NUTS, SPACER.
- 4.002 CONTINUOUS SAPPHIRE
INS. MORTICING TIES.
- 4.006 2X4 STUDB @ 16" O.C. (TYP).
- 4.004 2X4 STUDB @ 24" O.C. (TYP @
NON-LOAD-BEARING PARTITIONS
ONLY).
- 4.008 2X4 PLATE TREATED, SECURE AS
PER STRUCT. DWGS.
- 4.010 2X4 STUDB @ 24" O.C. STAGGERED.
- 4.014 PRESAD NEEDED TRUSS, REF.
STRUCT.
- 4.022 2X6 @ BASE PLATE.
- 4.023 XBRD BLOCKING.
- 4.040 3/4" PLUMBOO.
- 4.046 2X6 FL. ANCHTS, REF. STRUCT.
- 4.050 1/2" THERMAX-INSULATED
SHEATHING.
- 7.001 COMPOSITION BINGLES.
- 7.002 18# ROOFING FELT.
- 7.007 BATT INSULATION (R-13).
- 7.009 BASE FLASHING.
- 7.010 BEARING: INSULATION (R-30).
- 7.022 SPLASH BLOCK.
- 7.025 ALUM VENTED ROFFIT.
- 7.026 CLEAN GAVE DRIP @ FACE (A TRIM).
- 7.043 2" RIGID INSULATION.
- 7.045 8" MESH VAPOR BARRIER.
- 7.044 BLOWN INSULATION (R-30).
- 7.046 8" CORE ALUM CUTTER.
- 7.047 2x3 1/2" 1'-0-24" RECT CONSPOR.
5.001 5/8" GYP BOARD (TYPE "X").
- 5.010 SUSPENDED ACoustICAL TILE
LAY-IN CL.

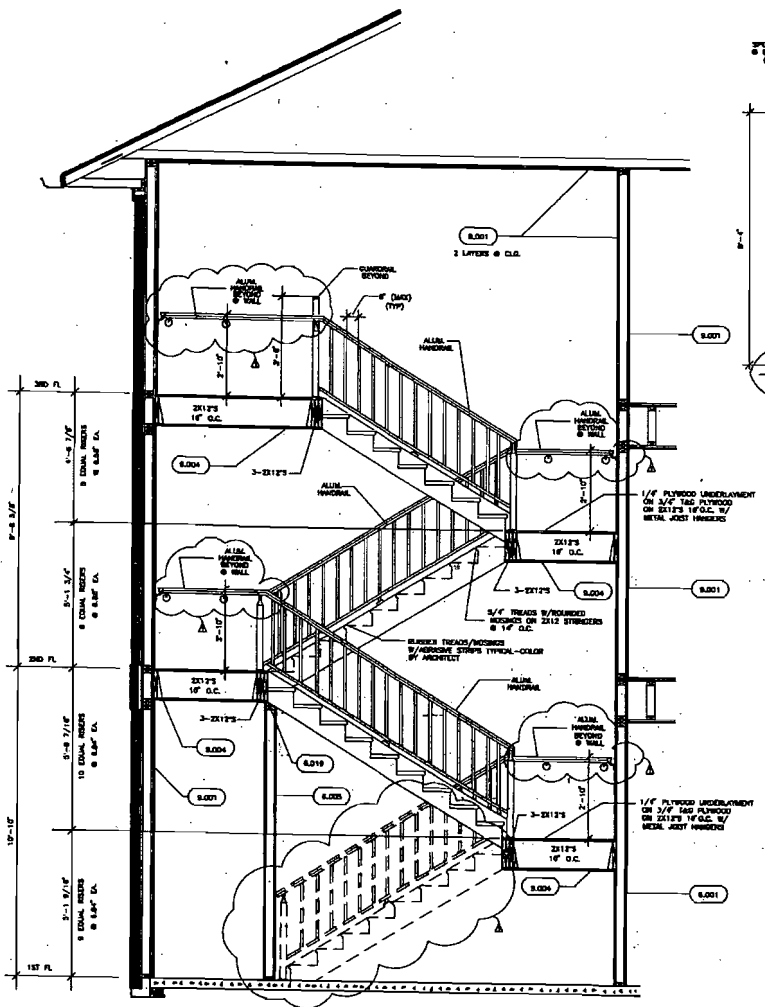
RANDALL H. BALDWIN
ARCHITECT
 7035 BEE CAVE ROAD, SUITE 204
 AUSTIN, TEXAS 78746 512/328-7618

NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
 HUD # 043-EH315



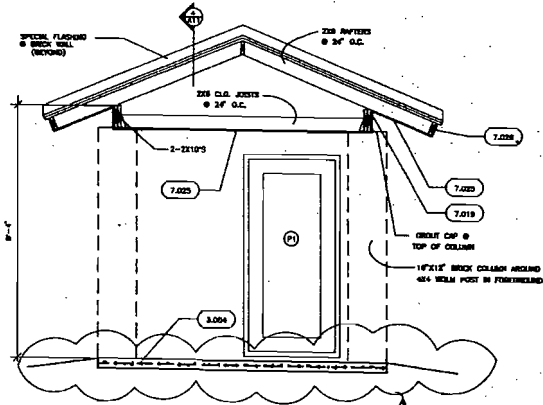
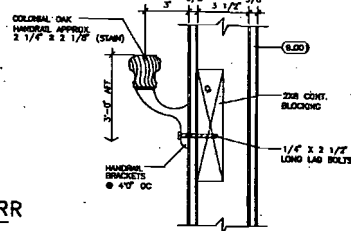
DRAWN: S.E.S.
DATE: 10/28/90

NO.	DATE	REVISION



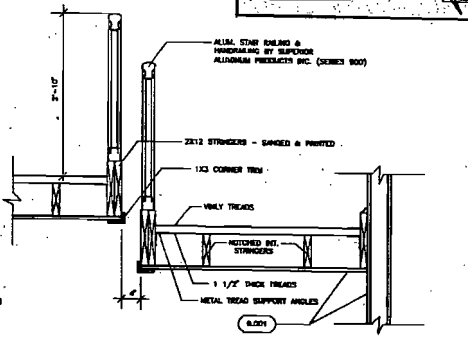
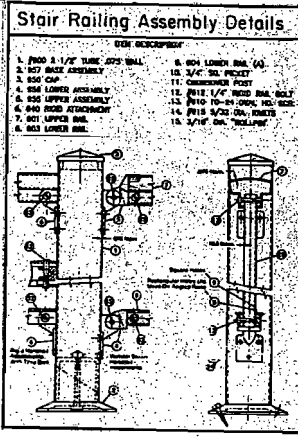
1 STAIR SECTION
SCALE: 1/2" = 1'-0"

2 HANDRAIL @ CORR
SCALE: 3" = 1'-0"

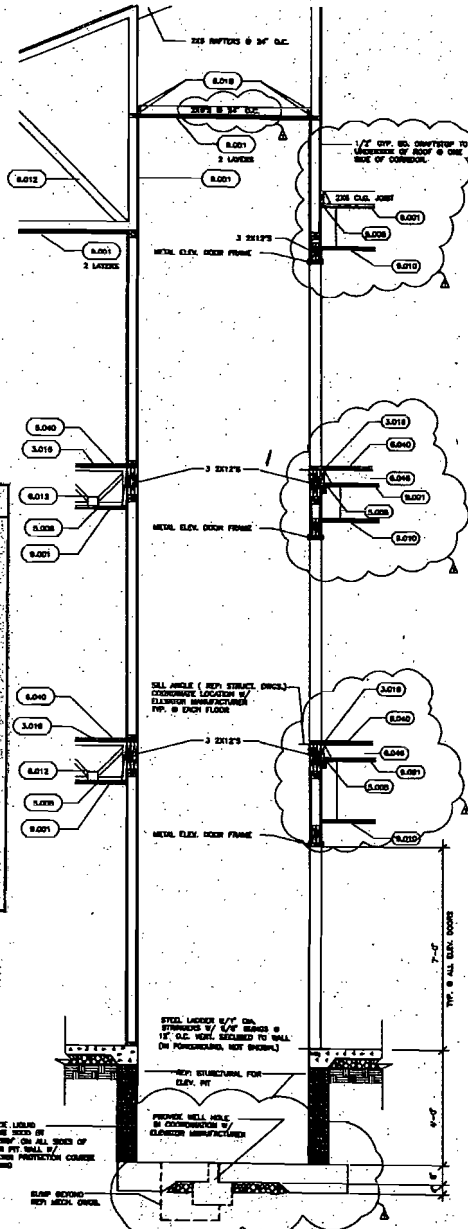


4 CANOPY SECTION
SCALE: 1/2" = 1'-0"

- FIN. A19:
- 1.004 CONCRETE SLAB - REF. STRUCT.
 - 3.018 STYRENE LEVELING SLAB.
 - 3.008 1/2" REINFORCED CHANNELS @ 18"
 - 8.008 2x4 STUDS @ 16" O.C. (TYP.)
 - 8.012 PREPARED WOOD TRUSS - REF. STRUCT.
 - 8.018 2x4 BLOCK INS.
 - 8.040 5/8" PLYWOOD.
 - 8.048 2x6 FLR JOISTS - REF. STRUCT.
 - 7.018 VINYL SIDING.
 - 7.028 ALUM. VENTED ROOF FIT.
 - 8.051 5/8" GYP BOARD (TYPE "X")
 - 8.004 PAINTED GYP BOARD.
 - 8.010 SLEP-SHEDS ADJUSTABLE TILE - LAY-IN CLG.



3 STAIR SECTION @ TREADS
SCALE: 1" = 1'-0"



5 ELEVATOR SHAFT
SCALE: 1/2" = 1'-0"

RANDALL H. BALDWIN
ARCHITECT

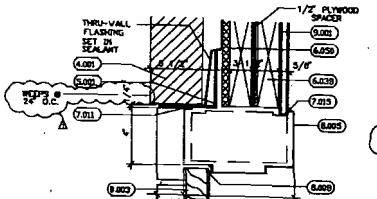
7035 BEE CAVE ROAD, SUITE 204
AUSTIN, TEXAS 78746 512/328-7618

NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD # 043-EH315

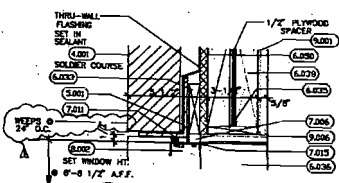
STATE OF OHIO
REGISTERED ARCHITECT

DRAWN: S.E.S.
DATE: 10/28/90
REVISIONS:
NO. DATE REVISION
A 12/24/90 IN BIRM

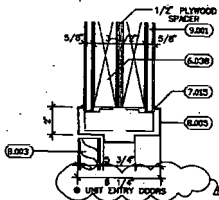
SHEET
A-12



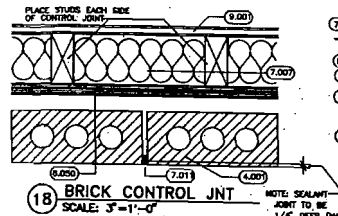
1 HEAD - EXT METAL DOOR
SCALE: 3/8"=1'-0"



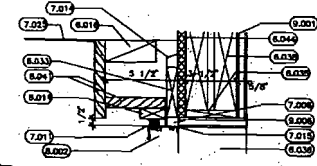
7 HEAD - ALUM WINDOW
SCALE: 3/8"=1'-0"



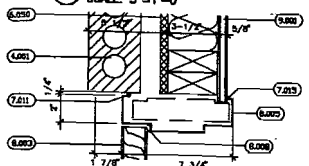
13 HEAD - INT DOOR
SCALE: 3/8"=1'-0"



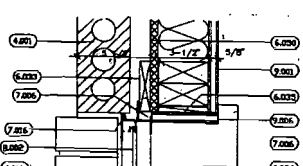
18 BRICK CONTROL JNT
SCALE: 3/8"=1'-0"



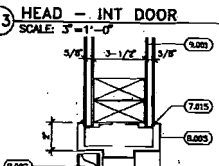
22 HEAD - ALUM WINDOW
SCALE: 3/8"=1'-0"



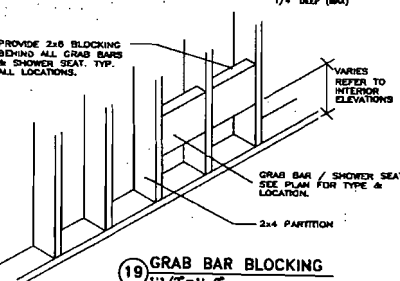
2 JAMB - EXT METAL DOOR
SCALE: 3/8"=1'-0"



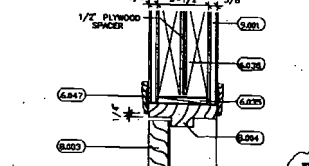
8 JAMB - ALUM WINDOW
SCALE: 3/8"=1'-0"



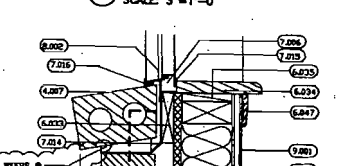
14 JAMB - INT DOOR
SCALE: 3/8"=1'-0"



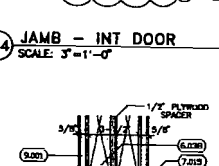
19 GRAB BAR BLOCKING
1 1/2"=1'-0"



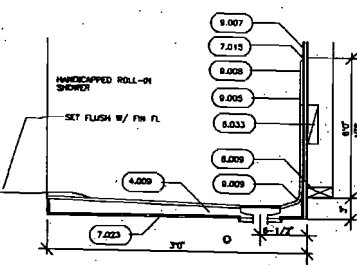
3 HEAD - INT DOOR
SCALE: 3/8"=1'-0"



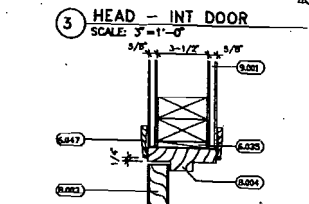
9 SILL - ALUM WINDOW
SCALE: 3/8"=1'-0"



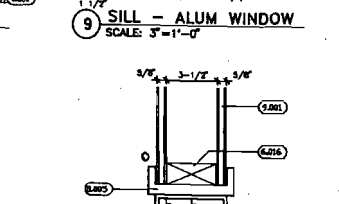
14 JAMB - INT DOOR
SCALE: 3/8"=1'-0"



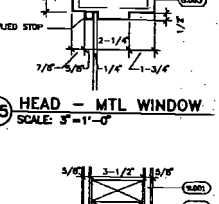
20 CERAMIC TILE SHOWER
1 1/2"=1'-0"



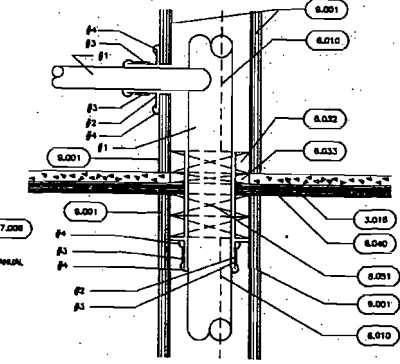
4 JAMB - INT DOOR
SCALE: 3/8"=1'-0"



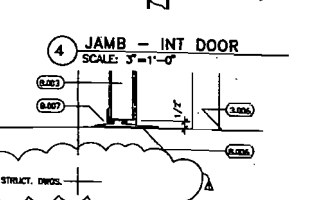
10 HEAD - BY PASS DOOR
SCALE: 3/8"=1'-0"



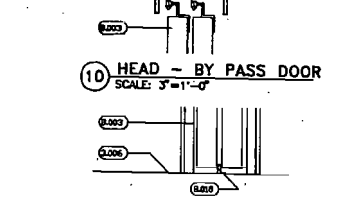
16 JAMB - MTL WINDOW
SCALE: 3/8"=1'-0"



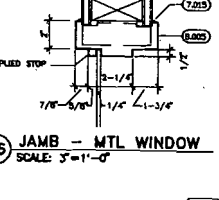
21 PIPE PENETRATION DTL
3/8"=1'-0"



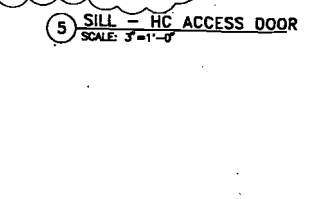
5 SILL - HC ACCESS DOOR
SCALE: 3/8"=1'-0"



11 SILL - BY PASS DOOR
SCALE: 3/8"=1'-0"



17 A/C THRU-WALL DETAIL
1 1/2"=1'-0"



12 CASED OPENING
SCALE: 3/8"=1'-0"

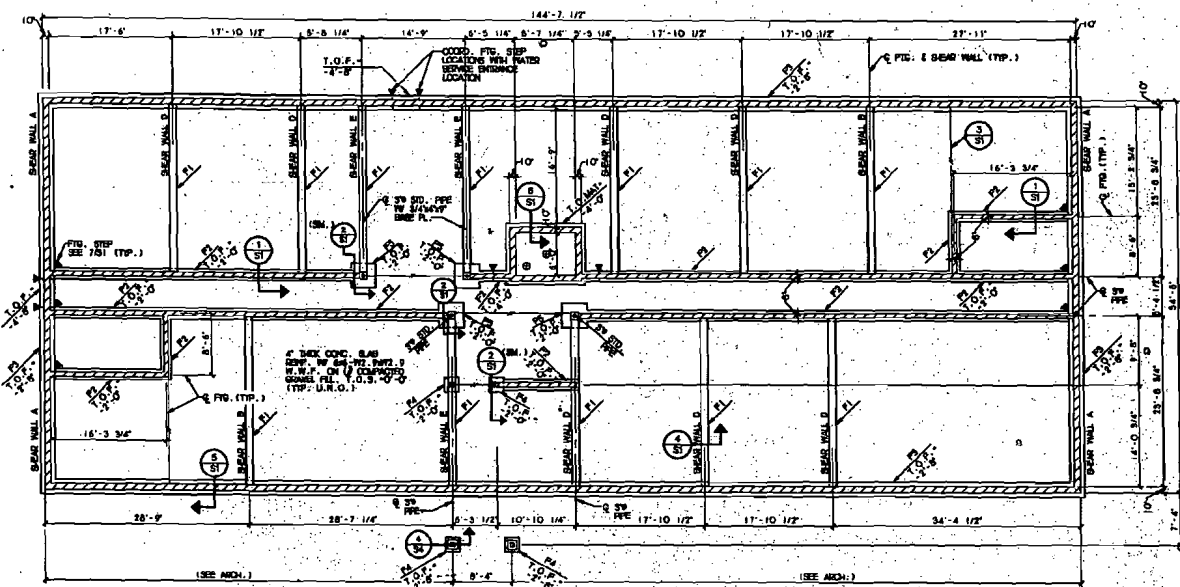
- 1.000 FINISH FLOOR.
- 1.001 FACE BRICK.
- 1.002 BRICK SILL. SLOPE @ 2:12.
- 1.003 WOOD.
- 1.004 1/2\"/>
- 1.005 2x4 BRACE BIL. BELOW.
- 1.006 2x4 BRACE BIL. BELOW.
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- 1.100 2x4 BRACE BIL. BELOW.

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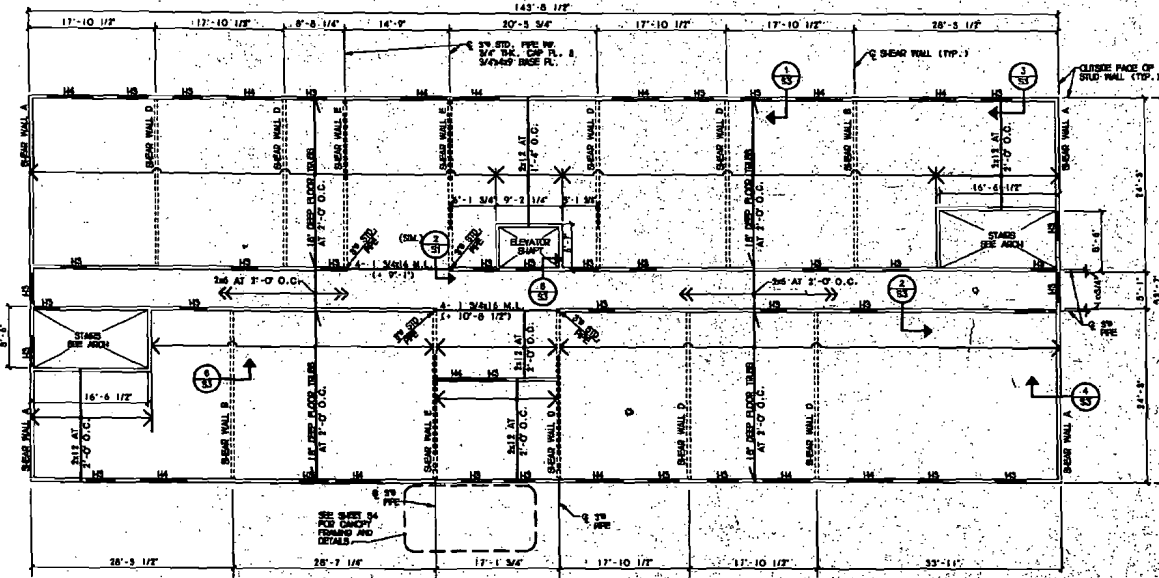
NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD # 043-E1315



DRAWN: S.E.S.
DATE: 10/26/90
REVISIONS:
NO DATE REVISION
A 1/2/91 AS SHOWN

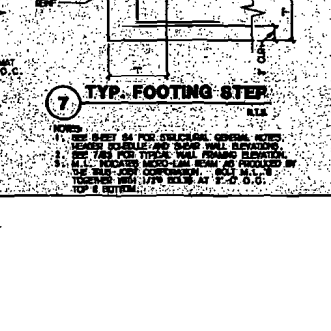
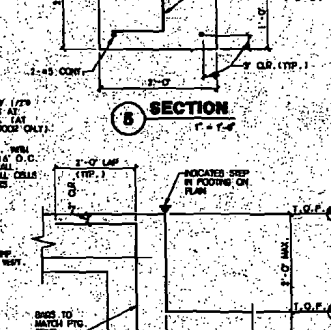
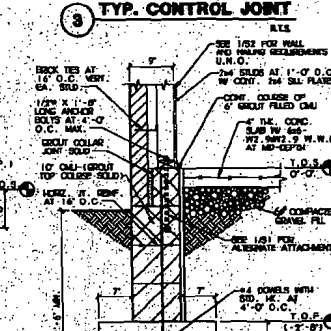
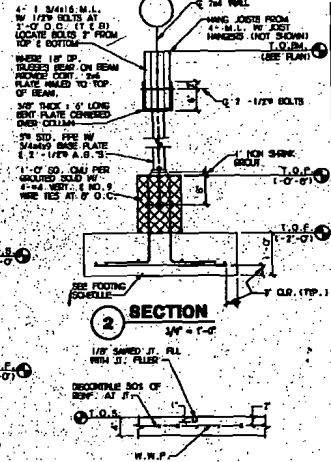
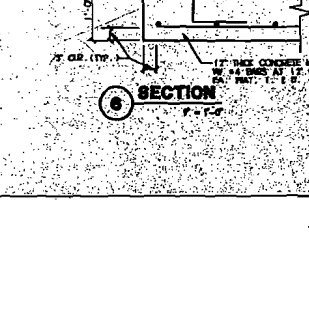
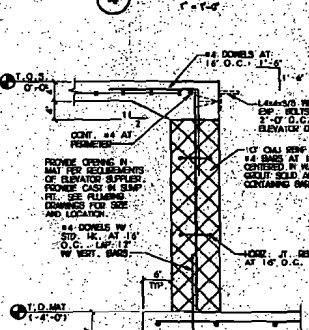
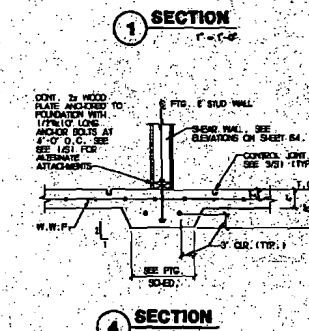
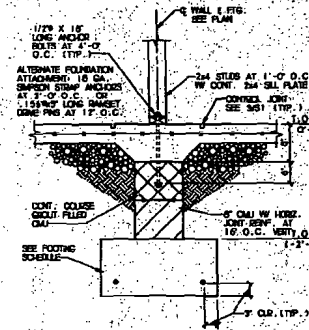


A FOUNDATION PLAN
1/2" = 1'-0"



B SECOND FLOOR FRAMING PLAN
1/2" = 1'-0"

MARK	SIZE	REINFC.	REMARKS
F1	1'-0" WIDE X 8" DEEP	2-#4 CONT.	SEE 581
F2	1'-0" WIDE X 1'-0" DEEP	2-#6 CONT.	SEE 581
F3	2'-0" WIDE X 1'-0" DEEP	2-#6 CONT.	SEE 581
F4	2'-0" WIDE X 1'-0" DEEP	4-#6 EA. WAY	SEE 581



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NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD #043-EH315

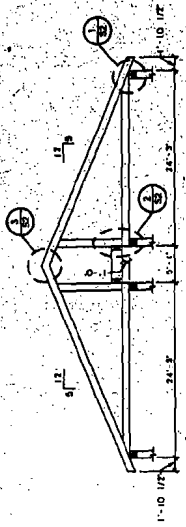
NO.	DATE	REVISION

DRAWN D.L.A.
DATE
REVISIONS
NO. DATE REVISION

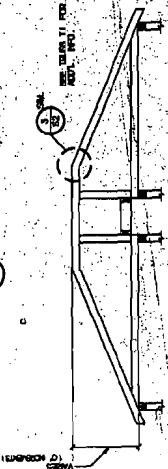
SHEET
S1



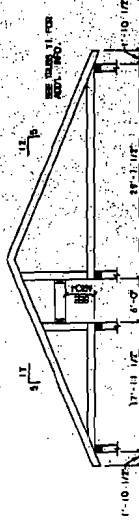
DATE		
REVISIONS		
NO.	DATE	DESCRIPTION



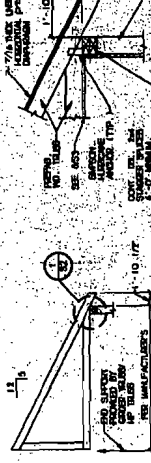
C ROOF TRUSS T1
1/8" = 1'-0"



D ROOF TRUSS T2
1/8" = 1'-0"



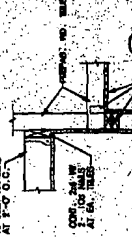
E ROOF TRUSS T3
1/8" = 1'-0"



F ROOF TRUSS T4
1/8" = 1'-0"

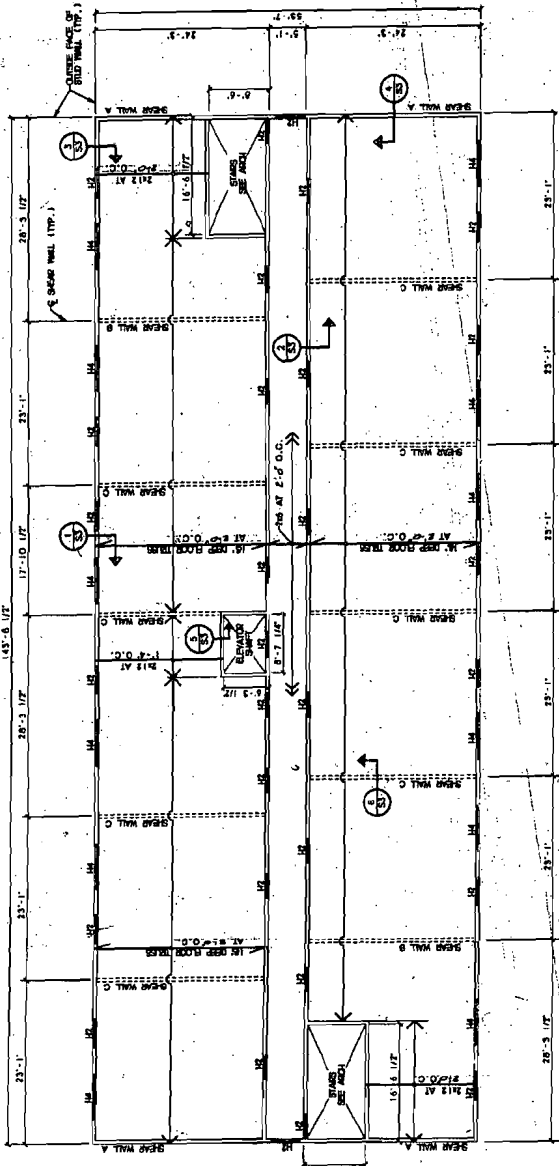


SECTION 1
1/8" = 1'-0"

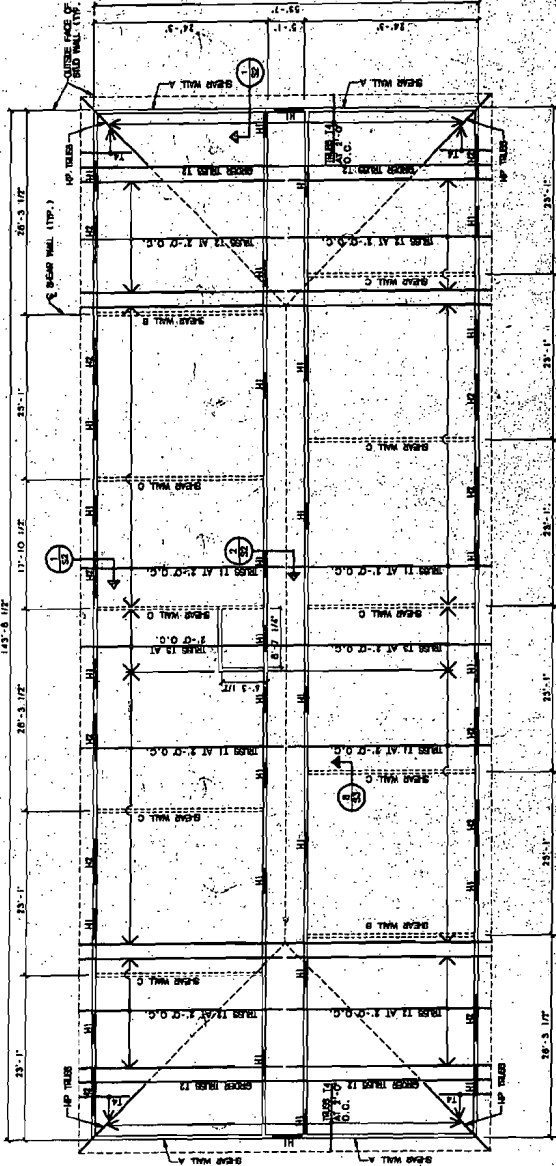


SECTION 2
1/8" = 1'-0"

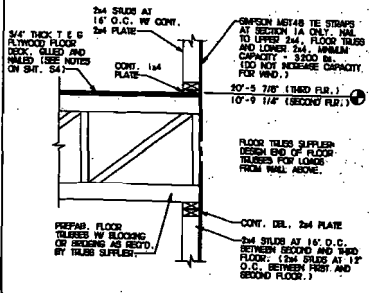
NOTE: SEE PAGE 16 FOR SECTION 3
1. SEE TRUSS TYPICAL WALL ANCHOR DETAIL



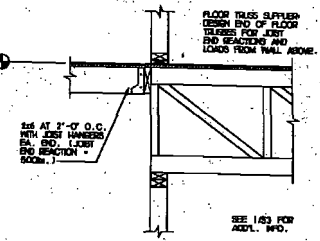
A THIRD FLOOR FRAMING PLAN
1/8" = 1'-0"



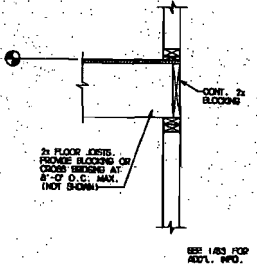
B ROOF FRAMING PLAN
1/8" = 1'-0"



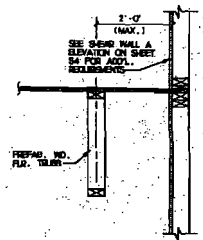
1 SECTION
1'-0"



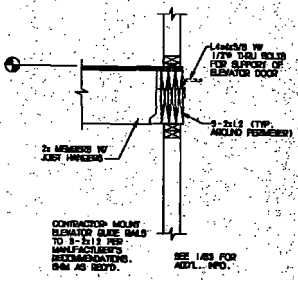
2 SECTION
1'-0"



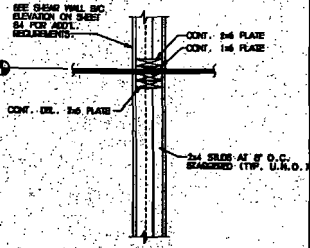
3 SECTION
1'-0"



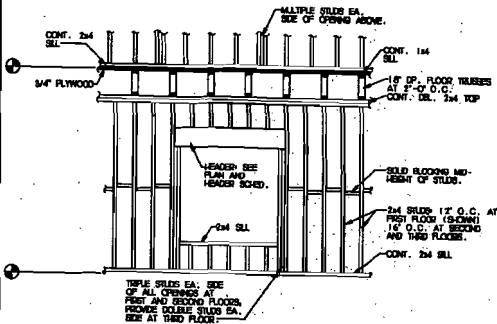
4 SECTION
1'-0"



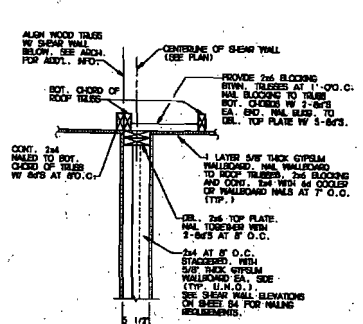
5 SECTION
1'-0"



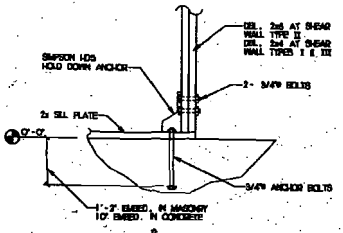
6 SECTION
1'-0"



7 TYPICAL WALL FRAMING ELEVATION
1/4" = 1'-0"



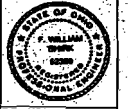
8 SECTION
1'-0"



9 SECTION
1'-0"

RANDALL H. BALDWIN
ARCHITECT
7035 BEE CAVE ROAD, SUITE 204
AUSTIN, TEXAS 78746 512/328-7618

NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD #043-EH315



NO.	DATE	REVISION

SHEET
S3

STRUCTURAL NOTES

- A. GENERAL
1. THE STRUCTURE IS DESIGNED TO BE SELF-SUPPORTING AND STABLE AFTER THE BUILDING IS FULLY COMPLETED. IT IS SOLELY THE CONTRACTOR'S RESPONSIBILITY TO DETERMINE ERECTION PROCEDURES AND SEQUENCE TO INSURE THE SAFETY OF THE BUILDING AND ITS COMPONENTS DURING CONSTRUCTION. THIS INCLUDES THE ADDITION OF WHATEVER SHORING, BRACING, TOWERING, BRACING, OR OTHER DEVICES WHICH MUST BE NECESSARY. SUCH MATERIAL SHALL REMAIN THE CONTRACTOR'S PROPERTY AFTER THE COMPLETION OF THE WORK.
 2. IT IS SOLELY THE CONTRACTOR'S RESPONSIBILITY TO FOLLOW ALL APPLICABLE SAFETY CODES AND REGULATIONS DURING ALL PHASES OF CONSTRUCTION.
 3. SHOULD ANY OF THE DETAILED INSTRUCTIONS SHOWN ON THE PLANS CONFLICT WITH THESE STRUCTURAL NOTES, THE SPECIFICATIONS, OR WITH EACH OTHER, THE STRICTEST PROVISION SHALL GOVERN.
 4. GOVERNING CODE - CITY BASIC BUILDING CODE.

- B. FOUNDATIONS
1. THE CONTRACTOR SHALL BECOME FAMILIAR WITH THE SURVEY AND THE SUB-SURFACE INVESTIGATION REPORT BEFORE BEGINNING CONSTRUCTION.
 2. NOTIFY THE ARCHITECT AS SOON AS POSSIBLE OF ANY UNUSUAL SOIL CONDITIONS OR SOIL CONDITIONS WHICH DO NOT CORRELATE WITH TEST RESULTS, SUCH AS UNEXPECTED SPRING OR SEEPAGE WATER, MATERIALS AFFECTING THE FOOT BORINGS, OR SOIL OF QUESTIONABLE BEARING CAPACITY.
 3. ALL FOOTINGS SHALL BEAR ON FIRM UNDISTURBED SOIL OR ENGINEERED FILL WITH AN ALLOWABLE BEARING CAPACITY OF 3000 POUNDS PER SQUARE FOOT.
 4. BACKFILL AND FILL MATERIALS: PROVIDE SATISFACTORY SOIL MATERIALS FOR BACKFILL AND FILL, FREE OF CLAY, DEBRIS, WATER, FROZEN MATERIALS, VEGETABLE AND OTHER DELETERIOUS MATTER.
 5. EXCAVATION AND COMPACTION:
 - a. ALL FOUNDATION EXCAVATIONS SHALL BE INSPECTED AND APPROVED BY THE SOILS ENGINEER FOR THE BEARING CAPACITY INDICATED ABOVE FOUNDATION TO BE PLACED ON CONCRETE.
 - b. DEEP FOUNDATION EXCAVATIONS FREE OF WATER AT ALL TIMES. REPLACE SOFT OR HEAVENED SOIL WITH LEAN CONCRETE (CLASS IV) IN AREAS WHERE EXCAVATION AND REQUIRED OVER-EXCAVATE BY 1'-0" BELOW THE BOTTOM OF FOUNDATIONS. THE OVER-EXCAVATED AREA SHALL THEN BE FILLED WITH SATISFACTORY SOIL MATERIALS WHICH WILL PRODUCE THE COMPACTION AND LOAD CARRYING CAPACITY REQUIRED.
 - c. BACKFILL AND FILL SHALL BE PLACED IN LIFTS OF 6" MAXIMUM. EACH LIFT SHALL BE COMPACTED WITH A POWER VIBRATING COMPACTOR OF SIMILAR CAPACITY TO ASSURE MAXIMUM COMPACTION OF THE MATERIALS.
 - d. COMPACTION SHALL BE LESS THAN 95% OF MAXIMUM DENSITY FOR COMBINE OR COMBINELESS MATERIAL, ACCORDING TO ASTM D698. DRAINAGE PIPING SHALL BE INSTALLED IN ACCORDANCE TO 95% OF MAXIMUM DENSITY.

- C. REINFORCED CONCRETE
1. ALL CONCRETE WORK SHALL BE IN ACCORDANCE WITH ACI-318-89.
 2. REINFORCING BARS SHALL BE PROVIDED FOR ALL CONCRETE.
 3. SPECIFICATIONS: IN GENERAL, COMPLY WITH ACI 301-86. MANUAL OF STANDARD PRACTICE FOR DETAILING REINFORCED CONCRETE STRUCTURES, UNLESS DETAILED OTHERWISE ON THE STRUCTURAL DRAWINGS.
 4. MATERIALS:
 - a. STRUCTURAL CONCRETE:

CLASS	LOCATION	P.C.
II	INTERIOR SLABS ON GRADE AND ALL INTERIOR CONCRETE NOT OTHERWISE IDENTIFIED	3500
III	EXTERIOR SLABS ON GRADE AND ALL EXTERIOR CONCRETE NOT OTHERWISE IDENTIFIED	4000
IV	BACKFILL BELOW FOOTINGS	1500
 - b. DEFORMED REINFORCING BARS: ASTM A615, GRADE 60.
 - c. WELDED WIRE FABRIC: ASTM A199, DELIVERED IN FLAT SHEETS.
 5. FIELD MANUAL: PROVIDE AT LEAST ONE COPY OF THE ACI FIELD REFERENCE MANUAL, 9-1-8, IN THE FIELD OFFICE AT ALL TIMES.
 6. JOINT REINFORCING:
 - a. PROVIDE AND INSTALL 1/4" DIA. OF REINFORCING BARS TO BE USED AS DIRECTED BY THE ARCHITECT TO BE IN THE FIELD, IF REQUIRED.
 - b. PROVIDE SUPPORTS AS REQUIRED TO MAINTAIN ALIGNMENT OF SCHEDULED DEFORMING. SUCH SUPPORTS ARE TO BE REJECTED IN THE FLD. AND ARE NOT PART OF THE CONTRACTOR QUANTITY LISTED ABOVE.
 7. FOOTINGS:
 - a. CORNERS IN FOOTINGS TO MATCH VERTICAL PIER AND WALL DEFORMING.
 - b. PROVIDE CORNER BARS AT FOOTING CORNERS TO MATCH HORIZONTAL REINFORCING. MINIMUM LENGTH OF EACH LEG = 45 BAR DIAMETERS.
 - c. PROVIDE LEAN CONCRETE (CLASS IV) UNDER FOUNDATIONS FOR ACCIDENTAL OVER-EXCAVATION, SOFT SPOTS AND TRENCHES.

- D. MASONRY
1. ALL MASONRY WORK SHALL BE IN ACCORDANCE WITH THE FOLLOWING REFERENCES AND STANDARDS:
 - a. MASONRY CODES AND STANDARDS
 - b. AMERICAN CONCRETE INSTITUTE, COMMITTEE 531.
 - c. NATIONAL CONCRETE MASONRY ASSOCIATION.
 2. MATERIALS:
 - a. CONCRETE BLOCK: ASTM C90 (HOLLOW) ASTM C148 (SOLID).
 - b. MORTAR: TYPE S, MINIMUM COMPRESSIVE STRENGTH: 1800 PSI.
 - c. MASON BEAM AND CURE PALL: ASTM C1418, COMPRESSIVE STRENGTH: 3000 PSI.
 - d. JOINT REINFORCING: WITH GALV. FINISH, 6 GAGE MINIMUM SIZE WIRE AND CROSS WIRE.
 - e. BAR REINFORCING: ASTM A615, GRADE 60.
 3. REINFORCED MASONRY: WHERE VERTICAL BARS ARE TO BE GROUTED INTO CORES, THE FOLLOWING REQUIREMENTS APPLY:
 - a. PROVIDE CORNERS FROM FOOTING, SAME SIZE AND SPACING AS WALL.
 - b. LAP 12 INCHES MINIMUM WITH WALL.
 - c. PROVIDE 1/2" DIA. GROUTING IN FOOTING 6 INCHES PLUS STANDARD 90 DEGREE HOOK.
 - d. PROVIDE A CONTINUOUS VERTICAL CAVITY, AT LEAST 1/2" DIA. IN SIZE, FREE OF MORTAR DROPPINGS.

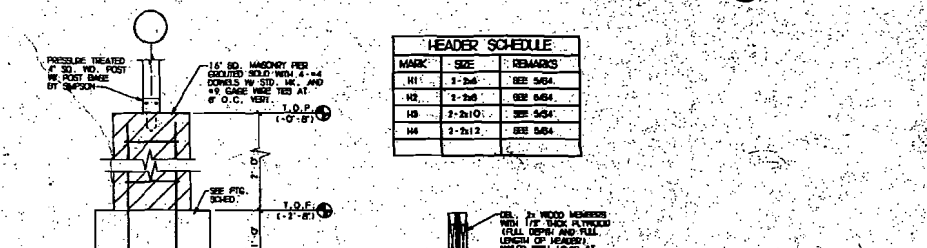
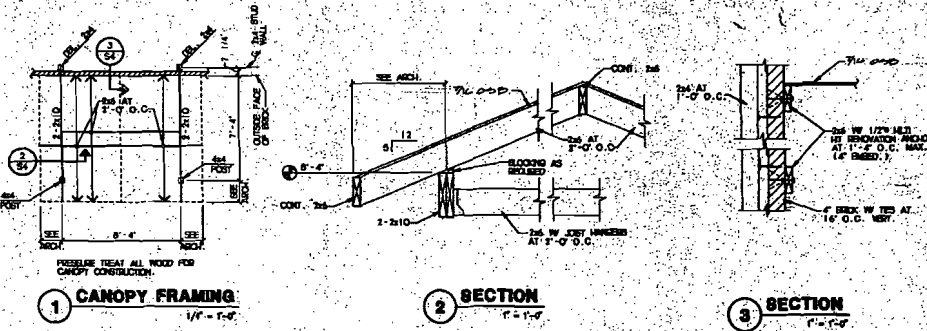
- E. STRUCTURAL STEEL
1. MATERIALS:
 - a. STRUCTURAL STEEL: ASTM A36, F_y = 36 KSI, MINOR BOLTS: ASTM A307, F_y = 48 KSI, WELDS: ASTM A53.
 2. SPECIFICATION: UNLESS SPECIFICALLY SHOWN OTHERWISE, DESIGN, FABRICATION AND ERECTION TO BE GOVERNED BY:
 - a. AISC CODE OF STANDARD PRACTICE FOR FABRICATION AND ERECTION OF STRUCTURAL STEEL FOR BUILDINGS (JUNE 1, 1989).
 - b. AISC CODE OF STANDARD PRACTICE (SEPTEMBER 1, 1986).
 3. THE FABRICATOR SHALL PROVIDE ANGLE LINTELS OVER ALL OPENINGS IN BRICK VENEER PER TO ARCHITECTAL DRAWINGS FOR LOCATION, BEARING AND SIZES OF OPENINGS. ANGLES SHALL BEAR 6" MINIMUM EACH END. PROVIDE ANGLE LINTELS AS FOLLOWS:
 - a. OPENING SIZE TO 4'-0": L₄ 3-1/2" x 3/16" LVL
 - b. TO 6'-0": L₅ 3-1/2" x 3/16" LVL

- F. STRUCTURAL LUMBER
1. MATERIALS:
 - a. STRUCTURAL LUMBER:
 - i. JOISTS: DIMENS. F_b = 1100 PSI / 1400 PSI; F_v = 90 PSI / 1000 PSI; E = 1,800,000 PSI; S_D = 1.00 IN³/FT; S_L = 1.00 IN³/FT; MAX. M.C. = 18%.
 - ii. STUDS: F_b = 1000 PSI; F_v = 90 PSI; E = 1,800,000 PSI; S_D = 1.00 IN³/FT; S_L = 1.00 IN³/FT; MAX. M.C. = 18%.
 - b. FINISHING:
 - i. 1" x 4" S4S, 1/2" MIN. APA STRUCTURAL 1 DATED SMOOTHING, 3/4" EXPOSURE 1 (WITH PLYWOOD OR Gypsum).
 - ii. 3/4" MIN. APA DATED STUD-1 FLOOR, 2-4" O.C., EXPOSURE 1.
 2. SPECIFICATIONS: UNLESS SPECIFICALLY SHOWN OTHERWISE, DESIGN, FABRICATION AND ERECTION SHALL BE GOVERNED BY THE LATEST REVISIONS OF:
 - a. NATIONAL DESIGN SPECIFICATION FOR STRESS-GRADE LUMBER AND ITS FASTENINGS.
 - b. U.S. PRODUCT STANDARD PS-1 FOR SOFTWOOD PLYWOOD CONSTRUCTION AND INDUSTRIAL.
 3. CONNECTIONS:
 - a. JOISTS TO BEAMS: 18 GA. GALVANIZED STD. JOIST HANGERS, UNLESS SHOWN OTHERWISE.
 - b. PLYWOOD TO FLOOR, JOISTS OR TRUSSES: GULLED AND NAILLED, USE 8# RING SHANK NAILS AT 8 INCHES O.C. AT PANEL EDGES AND 12 INCHES O.C. AT INTERIOR JOINTS. USE AGGRESSIVE MEETING APA SPECIFICATIONS APC-01 AND APPLY IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS.
 - c. CHORD JOIST TRUSSES, NAILLED, USE 8# RING SHANK NAILS AT 12 INCHES O.C. AT PANEL EDGES AND 12 INCHES O.C. AT INTERMEDIATE SUPPORTS. PROVIDE PLYWOOD CLIPS AT MID-SPAN OF FLOOR BEHIND SUPPORTS.

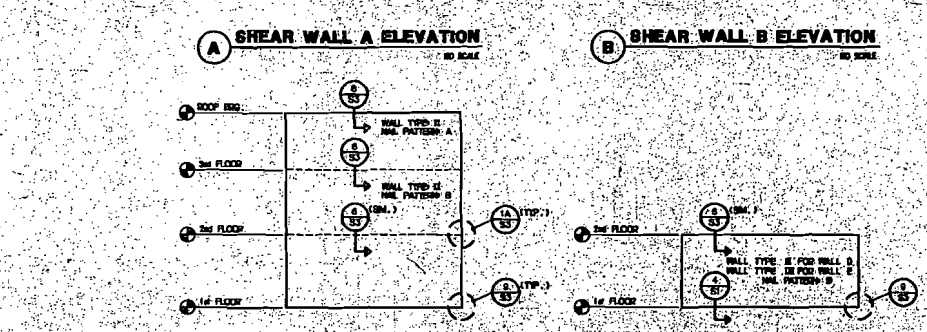
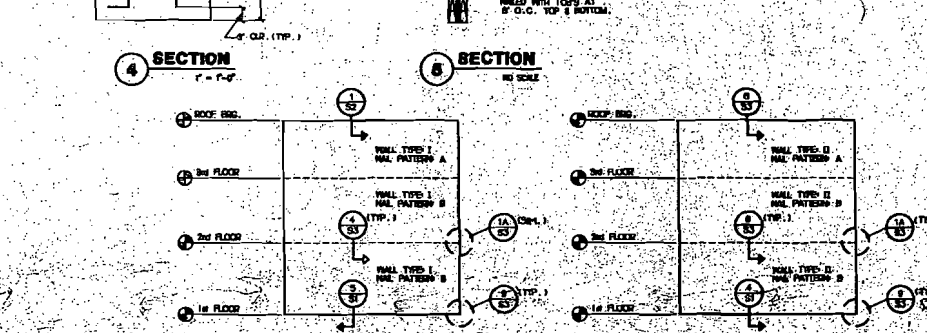
- G. MISCELLANEOUS
1. USE ONE LINE OF SOLID BLOCKING OR CROSS BRIDGING AT 8'-0" O.C. MAX. FOR ALL JOISTS, USE SOLID BLOCKING AT JOIST BEARING.
 2. USE SOLID BLOCKING AT MID-HEIGHT FOR ALL EXTERIOR STUD WALLS AND INTERIOR BEARING PARTITIONS.
 3. USE DOUBLE JOIST LIP FOR INTERIOR PARTITIONS, UNLESS SHOWN OTHERWISE.
 4. USE DOUBLE STUDS AT CORNERS AND LINGER HEADS/BEADINGS, UNLESS SHOWN OTHERWISE.
 5. PROVIDE A SINGLE PLATE AT THE BOTTOM AND A DOUBLE PLATE AT THE TOP OF ALL STUD WALLS. 2" SILL PLATES SHALL BE BOLTED, STRAPPED OR SHOT TO FOUNDATION AT A MAXIMUM OF 4'-0" O.C.
 6. APPLY CONTINUOUS BEAD OF GUM ON FLOOR JOISTS, TRUSSES AND BEAMS OF TONGUE-AND-GROOVE PANELS.
 7. PRESSURE TREAT ALL WOOD IN CONTACT WITH CONCRETE OR MASONRY.

- H. PRE-FABRICATED WOOD TRUSSES
1. MATERIALS:
 - a. LUMBER: F_b = 1300 (VERTICAL USE) PSI; F_v = 615 PSI; F_p (PARALLEL TO GRAIN) = 1450 PSI; F_p (PERPENDICULAR TO GRAIN) = 945 PSI; E = 1,800,000 PSI; MAX. M.C. = 18%.
 - b. METAL CONNECTOR PLATES: GALVANIZED SHEET STEEL, ASTM A446, CONTAINING GLASS FIBER FOR ASTM A550-C, MANUFACTURE WITH HOLES, PLUGS, TEETH, OR POINTS UNIFORM BEADED AND FORMED.
 2. DESIGN:
 - a. LIVE LOADS: UNFILLED TO TOP CHORD; SEE PARAGRAPH A.5.
 - b. DEAD LOADS: 10 PSF TOP CHORD; 8 PSF BOTTOM CHORD.
 - c. FLOOR: 12 PSF TOP CHORD; 8 PSF BOTTOM CHORD.
 - d. DESIGN OR MODIFICATION OF TRUSSES TO BE PROVIDED BY A PROFESSIONAL ENGINEER, REGISTERED IN CALIF. EXPERIENCED IN SIMILAR DESIGN, RETAINED BY THE MANUFACTURER. SUBMIT EACH DRAWING WITHIN SPECIFIED TIME FRAME. THE ENGINEER IS RESPONSIBLE FOR THE TRUSS DESIGN.

- I. SHEAR WALL NOTES
1. WALL TYPE I: 2x4 STUDS WITH ONE LAYER OF 5/8" THICK GYPSUM WALLBOARD INSIDE FACE.
 2. WALL TYPE II: 2x4 STUDS AT 8" O.C. STAGGERED WITH ONE LAYER OF 5/8" THICK GYPSUM WALLBOARD EACH FACE.
 3. WALL TYPE III: 2x4 STUDS AT 16" O.C. WITH ONE LAYER OF 5/8" THICK GYPSUM WALLBOARD EACH FACE.
 4. NAIL PATTERN A: 66 COULDER OF WALLBOARD NAILS AT 7" O.C. TYP. AROUND PERIMETER AND AT EACH STUD.
 5. NAIL PATTERN B: 66 COULDER OF WALLBOARD NAILS AT 7" O.C. TYP. AROUND PERIMETER AND AT EACH STUD.

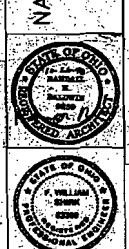


MARK	SIZE	REMARKS
H1	2-2x4	SEE S4B
H2	2-2x4	SEE S4B
H3	2-2x10	SEE S4B
H4	2-2x12	SEE S4B



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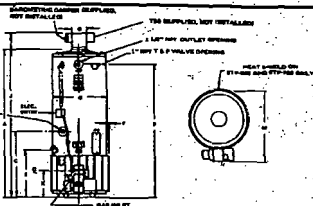
NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
HUD #043-EH315



DATE	REVISIONS

SHEET S4

Domestic Water Heater Data



CONSERVATIONIST
COMMERCIAL GAS
TANK-TYPE WATER HEATERS
BTP-140 THRU 700



ASME

SEE SPECIFICATIONS FOR DETAILS

MANUFACTURED BY

CONSERVATIONIST

INCORPORATED

HOUSTON, TEXAS

U.S. PATENT OFFICE

REG. U.S. PAT. OFF.

TRADE MARK

REGISTERED

U.S. PAT. OFF.

DESIGN PATENT

REGISTERED

U.S. PAT. OFF.

TRADE MARK

REGISTERED

U.S. PAT. OFF.

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TRADE MARK

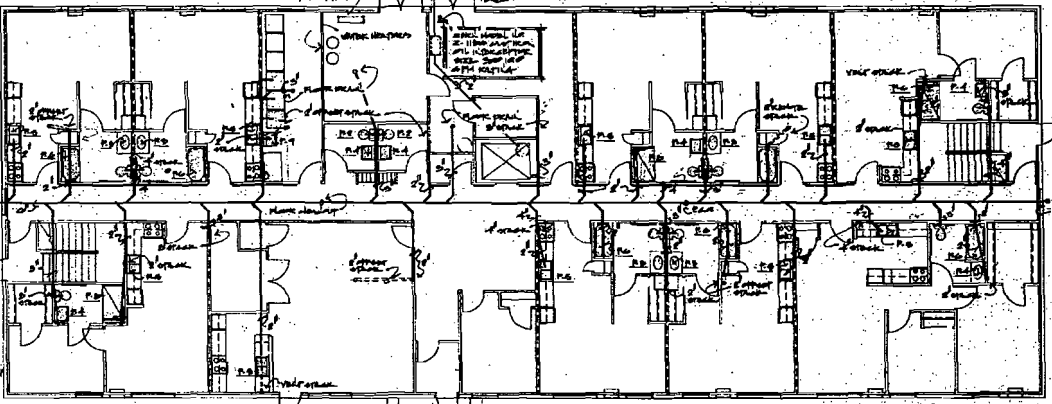
Plumbing Fixture Schedule

MARK	DESCRIPTION	SANITARY SIZES			SUPPLY SIZES		FIXTURE UNITS	
		WASTE	VENT	VENT	COLD	HOT	WASTE	WATER
P-1	Water Closet	3"	1 1/2"	1 1/2"	1"	1"	1	1
P-2	Handicapped W.C.	3"	1 1/2"	1 1/2"	1"	1"	1	1
P-3	Counterop. Lavatory	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	1	1
P-4	Wall Hung Lavatory	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	1	1
P-5	Double Bowl Sink	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	2	2
P-6	Sink	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	2	2
P-7	Janitor's Sink	2"	2"	1 1/2"	1/2"	1/2"	2	2
P-8	Shower	2"	2"	1 1/2"	1/2"	1/2"	2	2
P-9	Clothes Washing Machine	2"	2"	1 1/2"	1/2"	1/2"	2	2
P-10	Floor Drain	2"	2"	1 1/2"	1/2"	1/2"	2	2
P-11	Laundry Sink	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	2	2

Sanitary Drain Piping Requirements

TABLE 104-10
MINIMUM SIZES, SLOPES, AND SPACINGS
Minimum Sizing of Pipes and Fittings to be Connected to

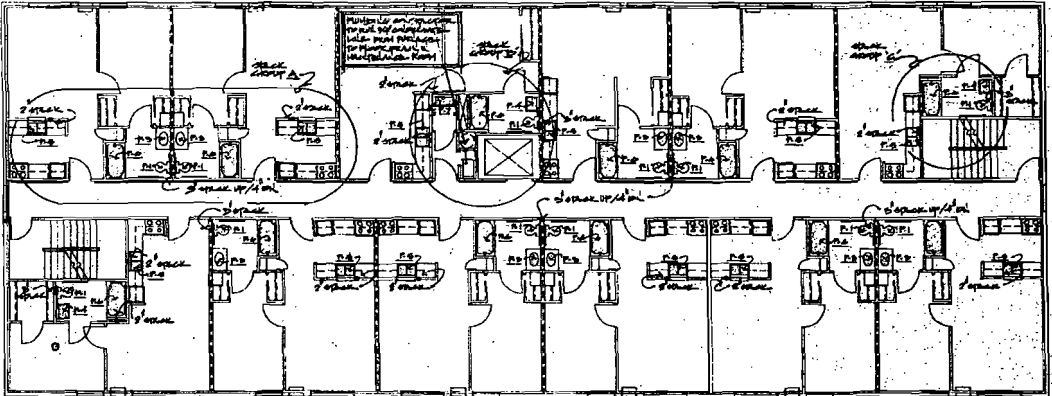
Type of Pipe	Pipe Size	Slope	Spacing	Type of Pipe	
				Minimum Size	Maximum Size
Cast Iron	4"	1/8"	4'	4"	4"
	6"	1/8"	4'	6"	6"
	8"	1/8"	4'	8"	8"
PVC	4"	1/8"	4'	4"	4"
	6"	1/8"	4'	6"	6"
	8"	1/8"	4'	8"	8"
ABS	4"	1/8"	4'	4"	4"
	6"	1/8"	4'	6"	6"
	8"	1/8"	4'	8"	8"



1ST FLOOR PLAN

1/8" = 1'-0"

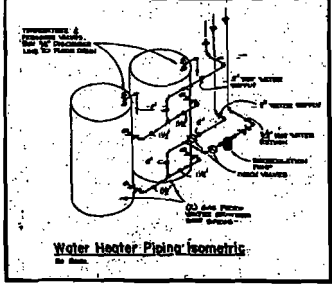
PLUMBING WASTE



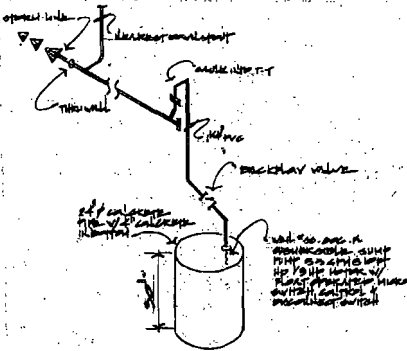
2ND & 3RD FLOOR PLAN

1/8" = 1'-0"

PLUMBING WASTE



Water Heater Piping Schematic



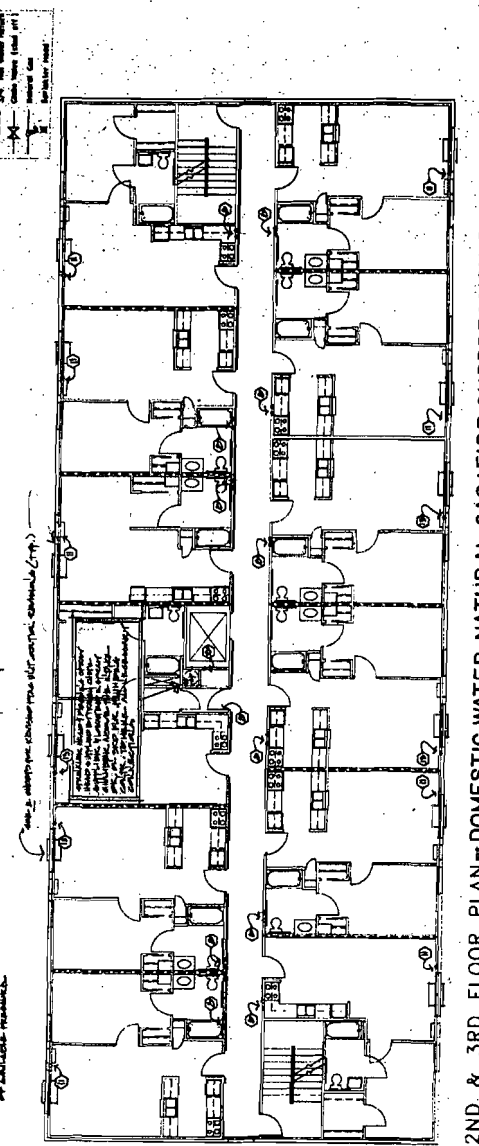
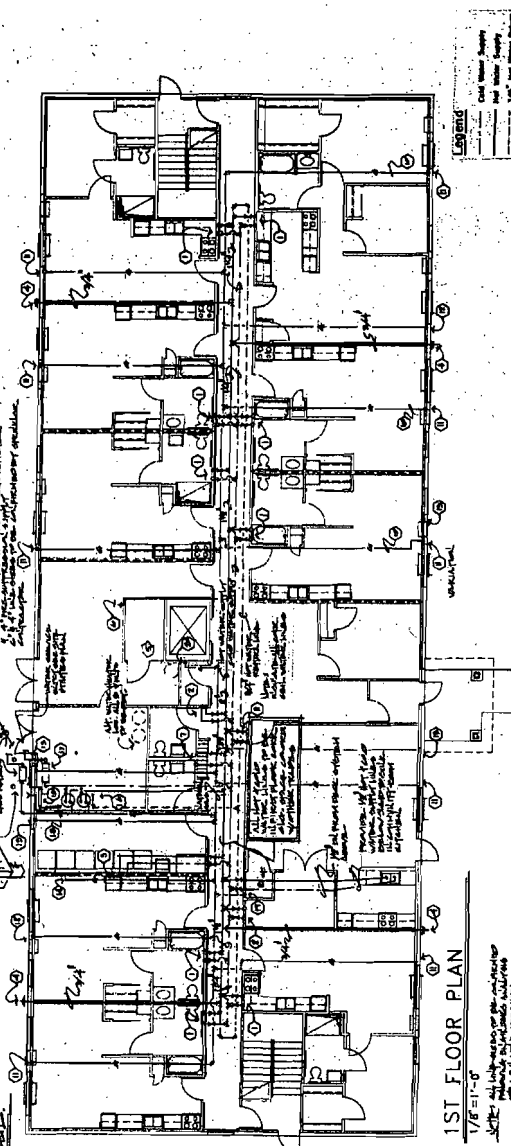
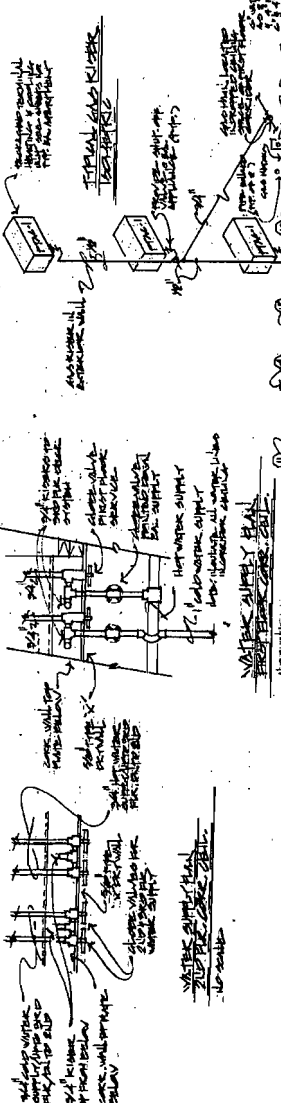
SUMP PUMP DETAIL

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 7035 BEE CAVE ROAD, SUITE 204
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NATIONAL CHURCH RESIDENCES
OF NORTHERN COLUMBUS
 HUD #043-EH315

 DRAWN: E.S.
 DATE:
 REVISIONS:
 NO. DATE REVISION

 SHEET
 PM-1



Drawing Notes

- 1) 1" hot & cold water supply line with globe valve above office, branch down to first floor apartment and up to water line.
- 2) 3/4" hot & cold water supply lines with globe valve above office, branch up to second and third floor.
- 3) 3/4" hot & cold water supply lines with globe valve above office, branch up to second and third floor.
- 4) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 5) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 6) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 7) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 8) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 9) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 10) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 11) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 12) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 13) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 14) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 15) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 16) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 17) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 18) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 19) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.
- 20) 3/4" hot & cold water supply lines in wall, branch to kitchen, living room, and bedroom.

NOTES

All the above listed items
 shall be installed in accordance with
 the applicable code requirements.
 The contractor shall be responsible
 for obtaining all necessary permits.
 The contractor shall be responsible
 for obtaining all necessary permits.
 The contractor shall be responsible
 for obtaining all necessary permits.

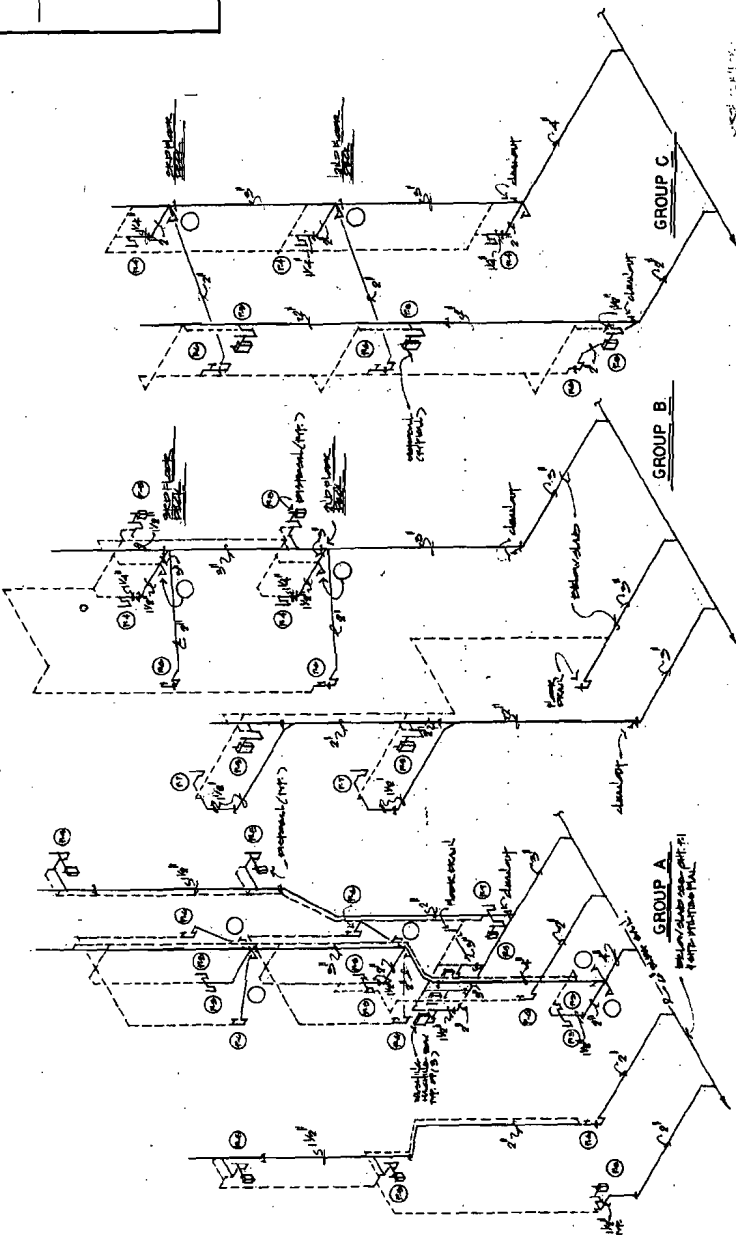
2ND & 3RD FLOOR PLAN - DOMESTIC WATER, NATURAL GAS & FIRE SUPPRESSION PLAN
 1/8" = 1'-0"

Plumbing Fixture Specification

- 1. WASH BASIN - 48"**
 a) **Material:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 b) **Finish:** Enamel.
 c) **Supply Description:** Self-cleaning vitreum china with hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 d) **Notes:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
2. SINK - 36"
 a) **Material:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 b) **Finish:** Enamel.
 c) **Supply Description:** Self-cleaning vitreum china with hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 d) **Notes:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
3. TOILET - 30"
 a) **Material:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 b) **Finish:** Enamel.
 c) **Supply Description:** Self-cleaning vitreum china with hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 d) **Notes:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
4. WATER CLOSET - 30"
 a) **Material:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 b) **Finish:** Enamel.
 c) **Supply Description:** Self-cleaning vitreum china with hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 d) **Notes:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
5. SHOWER - 60"
 a) **Material:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 b) **Finish:** Enamel.
 c) **Supply Description:** Self-cleaning vitreum china with hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.
 d) **Notes:** Vitreum china with brass hardware, self-cleaning, overflow, brass sink, hot and cold water, trap, vent, overflow, overflow pipe, overflow cap, overflow stop.

Sanitary Vent Piping Requirements

Fixture	Size	Material	Notes
Wash Basin	1/2"	Copper	
Sink	1/2"	Copper	
Toilet	1/2"	Copper	
Water Closet	1/2"	Copper	
Shower	1/2"	Copper	



PLUMBING STACK DIAGRAMS

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 ARCHITECT
 7035 BEE CAVE ROAD, SUITE 204
 AUSTIN, TEXAS 78748 512/328-7818

NATIONAL CHURCH RESIDENCES
 OF NORTHERN COLUMBUS
 HUD #043-EH315

Professional seals and project information:

- Professional Engineer Seal (Texas)
- Professional Architect Seal (Texas)
- Project Name: NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS
- Project Location: HUD #043-EH315
- Sheet: SHEET PM-2

Heating & Cooling Equipment Schedule

Equipment ①, ②, ③

① "CARIBBEAN" MODEL NO. 14-00-040 GAS FURNACE, 44,000 BTU/Hr INPUT, 41,000 BTU/Hr OUTPUT, 100% EFFICIENCY, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT.

② "CARIBBEAN" MODEL NO. 24-00-011-3 CONDENSING GAS FURNACE, 44,000 BTU/Hr INPUT, 41,000 BTU/Hr OUTPUT, 100% EFFICIENCY, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT.

③ "CARIBBEAN" MODEL NO. 24-00-011-3 CONDENSING GAS FURNACE, 44,000 BTU/Hr INPUT, 41,000 BTU/Hr OUTPUT, 100% EFFICIENCY, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT.

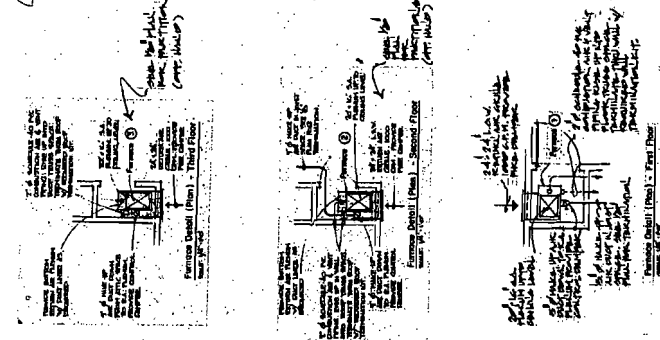
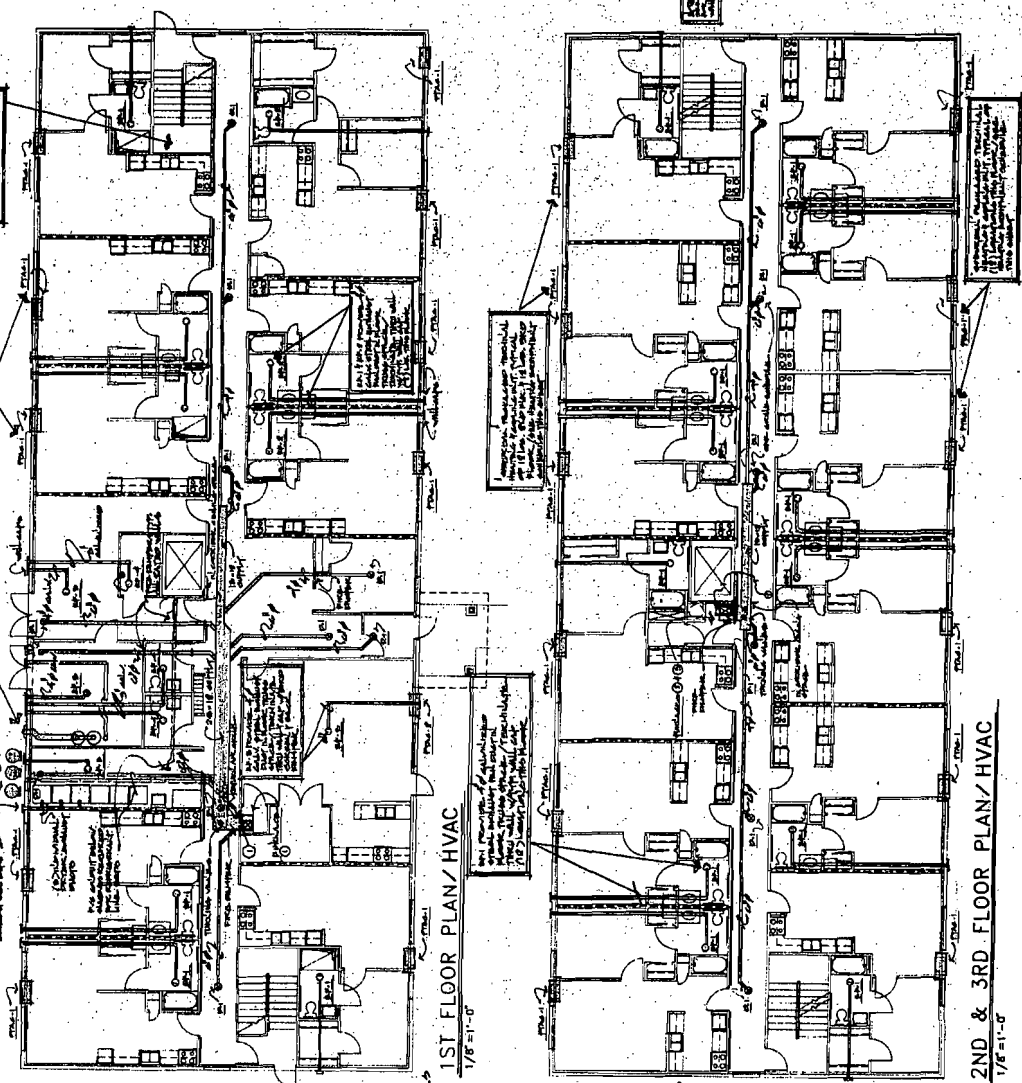
④ "CARIBBEAN" MODEL NO. 24-00-011-3 CONDENSING GAS FURNACE, 44,000 BTU/Hr INPUT, 41,000 BTU/Hr OUTPUT, 100% EFFICIENCY, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT, 1/2" GAS, 115V, 60 HZ, 1.5 AMP, 30 AMP CIRCUIT.

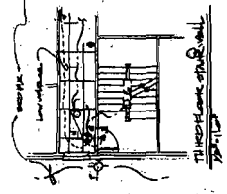
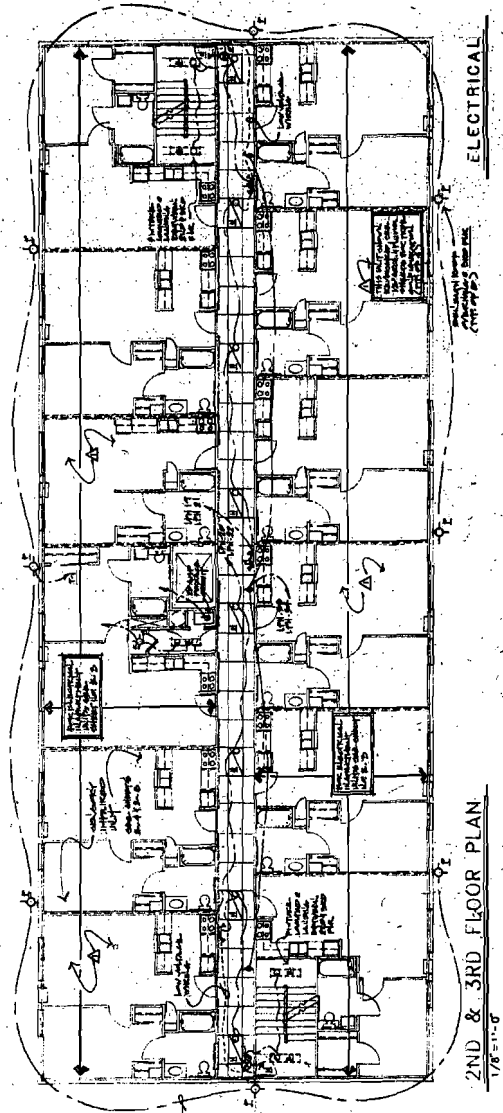
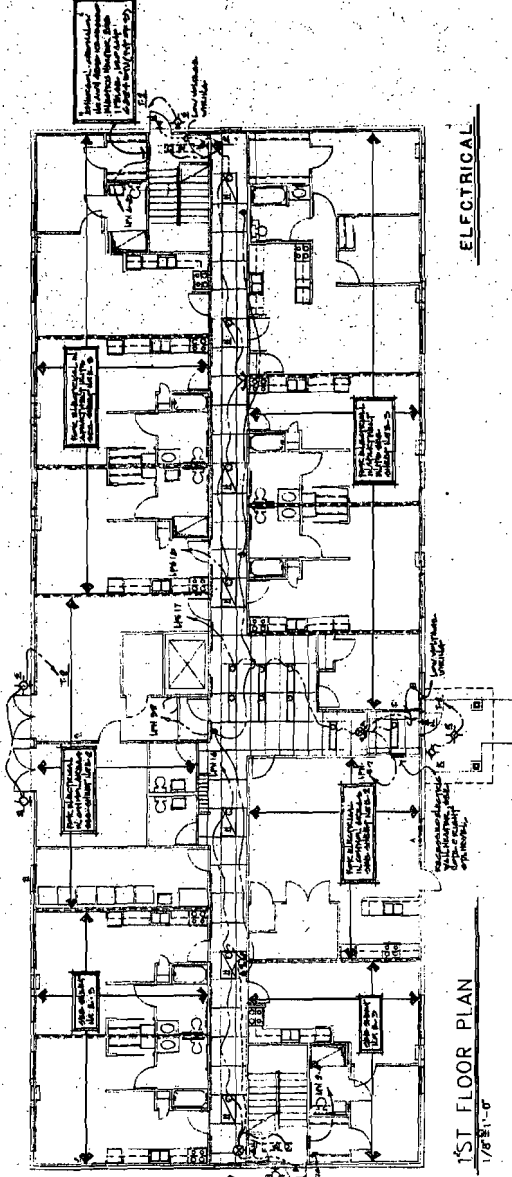
EXHAUST FAN SCHEDULE

Model	Manufacturer	Model No.	CFM	Volts	Phase	Notes
EF-1	Blower	608	75	115	1	
EF-2	Blower	608	75	115	1	
EF-3	Blower	608	75	115	1	
EF-4	Blower	608	75	115	1	
EF-5	Blower	608	75	115	1	
EF-6	Blower	608	75	115	1	
EF-7	Blower	608	75	115	1	
EF-8	Blower	608	75	115	1	
EF-9	Blower	608	75	115	1	
EF-10	Blower	608	75	115	1	
EF-11	Blower	608	75	115	1	
EF-12	Blower	608	75	115	1	
EF-13	Blower	608	75	115	1	
EF-14	Blower	608	75	115	1	
EF-15	Blower	608	75	115	1	
EF-16	Blower	608	75	115	1	
EF-17	Blower	608	75	115	1	
EF-18	Blower	608	75	115	1	
EF-19	Blower	608	75	115	1	
EF-20	Blower	608	75	115	1	

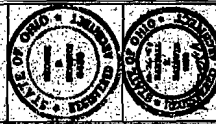
DIFFUSER & GRILLE SCHEDULE

Model	Manufacturer	Model No.	Size	Notes
D-1	Blower	608	24" x 24"	
D-2	Blower	608	24" x 24"	
D-3	Blower	608	24" x 24"	
D-4	Blower	608	24" x 24"	
D-5	Blower	608	24" x 24"	
D-6	Blower	608	24" x 24"	
D-7	Blower	608	24" x 24"	
D-8	Blower	608	24" x 24"	
D-9	Blower	608	24" x 24"	
D-10	Blower	608	24" x 24"	
D-11	Blower	608	24" x 24"	
D-12	Blower	608	24" x 24"	
D-13	Blower	608	24" x 24"	
D-14	Blower	608	24" x 24"	
D-15	Blower	608	24" x 24"	
D-16	Blower	608	24" x 24"	
D-17	Blower	608	24" x 24"	
D-18	Blower	608	24" x 24"	
D-19	Blower	608	24" x 24"	
D-20	Blower	608	24" x 24"	



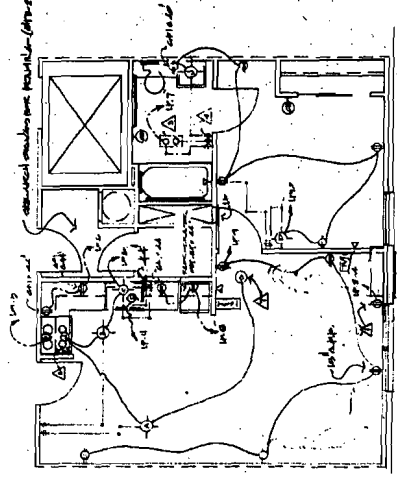


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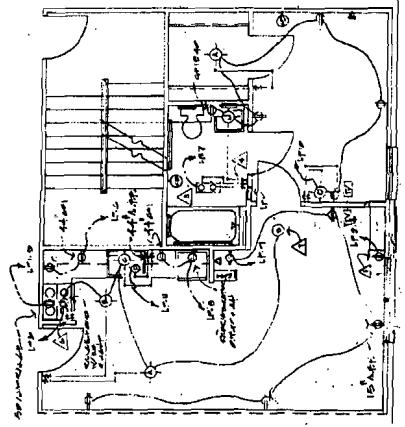


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 REVISIONS:
 DATE: 11/25/83

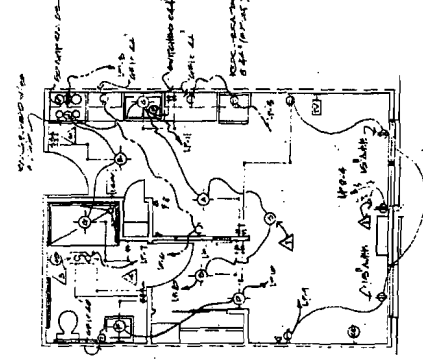
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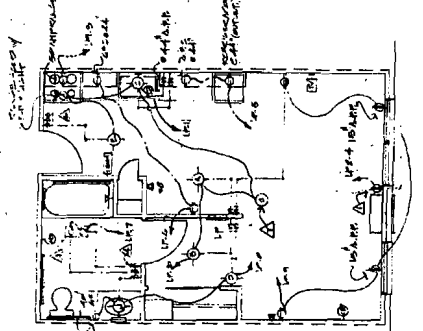
1 BR UNIT @ ELEV PLAN
 1/8"=1'-0"



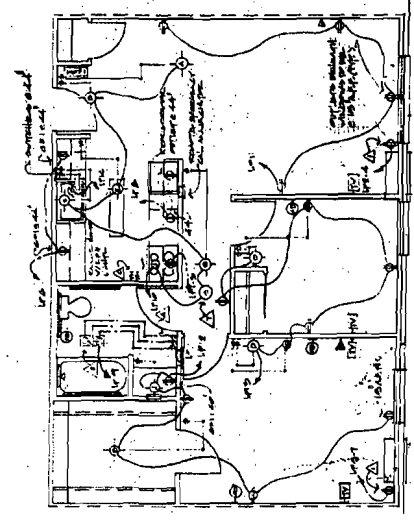
1 BR UNIT @ STAIR PLAN
 1/8"=1'-0"



0 BR HC UNIT PLAN
 1/8"=1'-0"

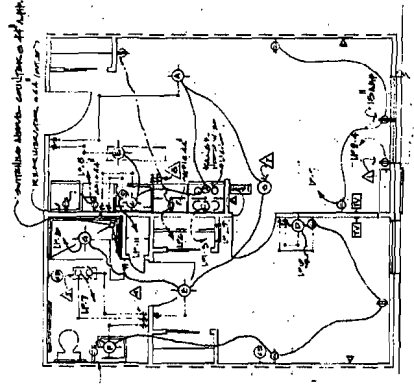


1 BR UNIT PLAN
 1/8"=1'-0"

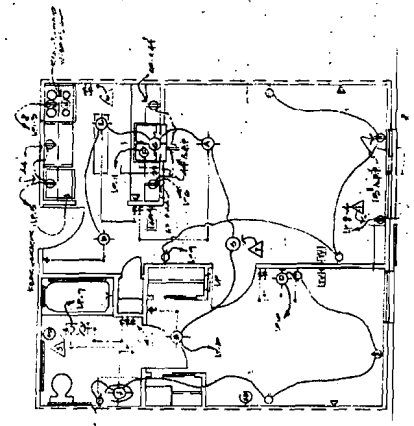


2 BR UNIT PLAN
 1/8"=1'-0"

with details E-3



1 BR HC UNIT PLAN
 1/8"=1'-0"



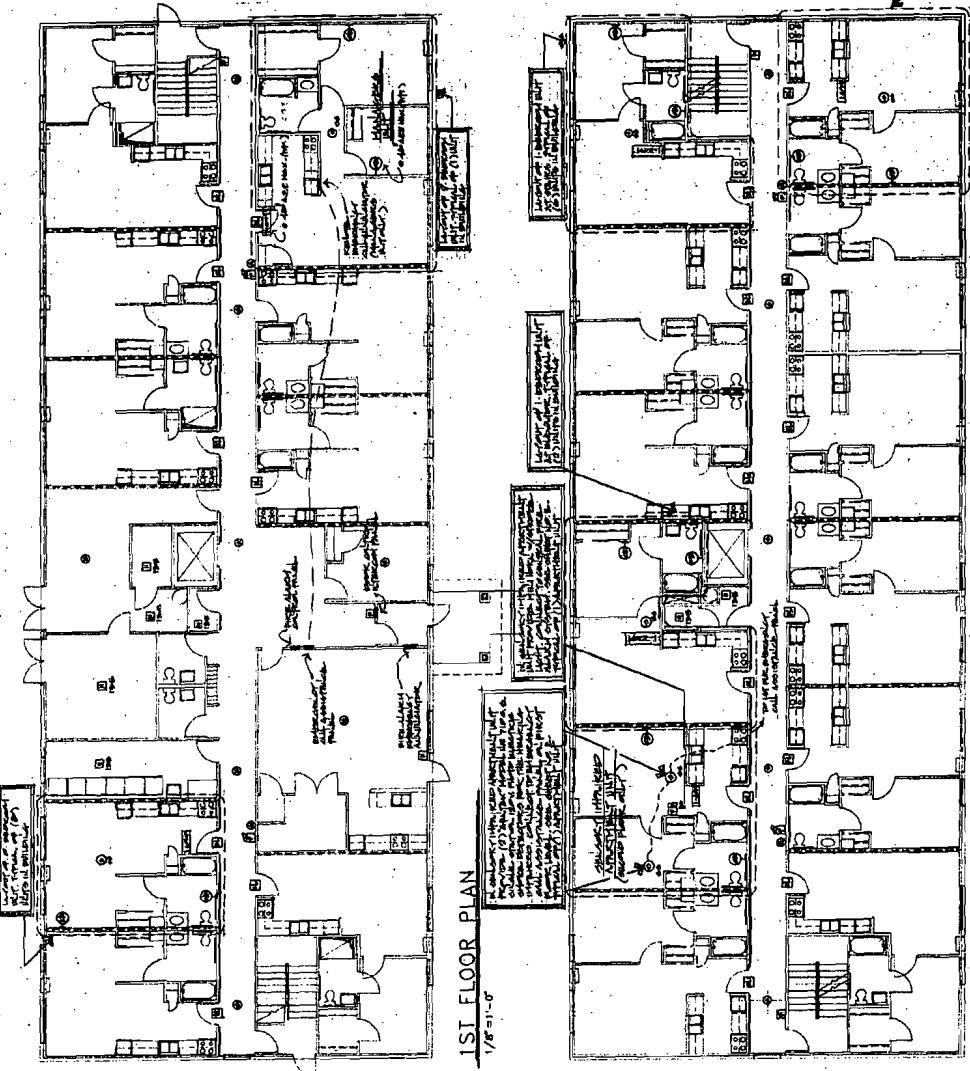
1 BR UNIT PLAN
 1/8"=1'-0"

Drawing Notes

- ▲ 20 A outlet for packaged terminal air; above floor level; Mount at approximately 8'.
- ▲ "Break" Model No. 948 combination switch for range hood fan & light; Provide in apartment.
- ▲ "Break" Model No. 949 combination exhaust fan & light; Provide in apartment.
- ▲ "Break" Model No. 952 combination exhaust fan & light; Provide in apartment.
- ▲ "Break" Model No. 102 P 12 AP 2372 MATV total load; 100 watt heater, 10 amp exhaust, 2.5 gpm.

Alarm Symbol Legend

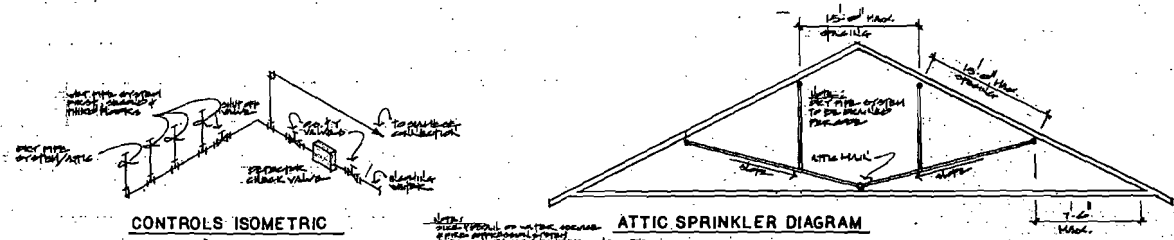
FIRE ALARM	
[Symbol]	INTERRUPT
[Symbol]	NOT POWER AND SOUND RELAYS (1/2" dia)
[Symbol]	ELECTRIC BELL STROKE
EMERGENCY ASSISTANCE	
[Symbol]	EMERGENCY CALL BUTTON (1/2" dia)
[Symbol]	EMERGENCY ASSISTANCE ALARM BELL
[Symbol]	EMERGENCY ASSISTANCE CONTROL UNIT
INTERCOM	
[Symbol]	CALL STATION
[Symbol]	INTERCOM UNIT
[Symbol]	HELP INTERCOM PITCH AND BATT. SUPPLY
[Symbol]	EMERGENCY ASSISTANCE ALARM BELL
[Symbol]	EMERGENCY ASSISTANCE CONTROL UNIT
[Symbol]	EMERGENCY ASSISTANCE CONTROL UNIT



Fire Alarm Zones:
 1. North Wing
 2. South Wing
 3. West Wing
 4. East Wing

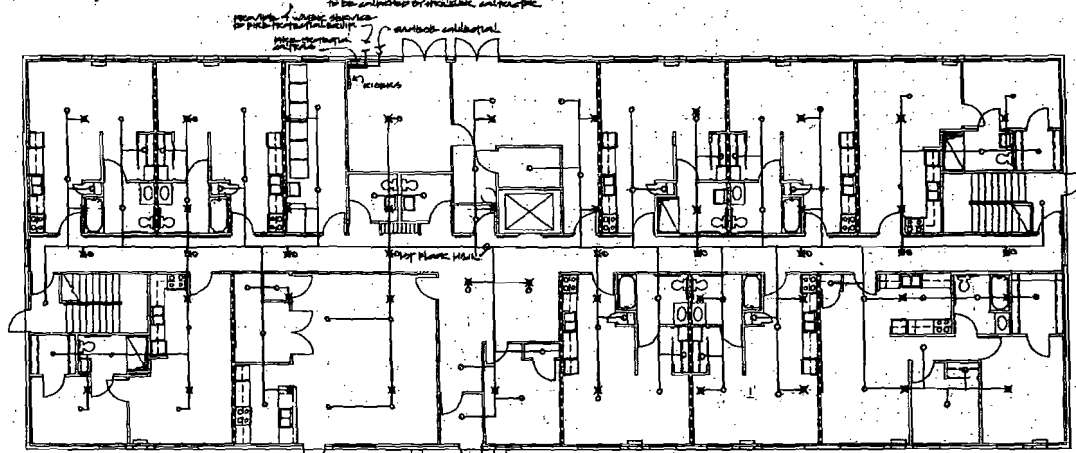
2ND & 3RD. FLOOR PLAN / FIRE ALARM & EMERGENCY CALL SYSTEM
 1/8" = 1'-0"

Uphill Columbus 2-9



CONTROLS ISOMETRIC

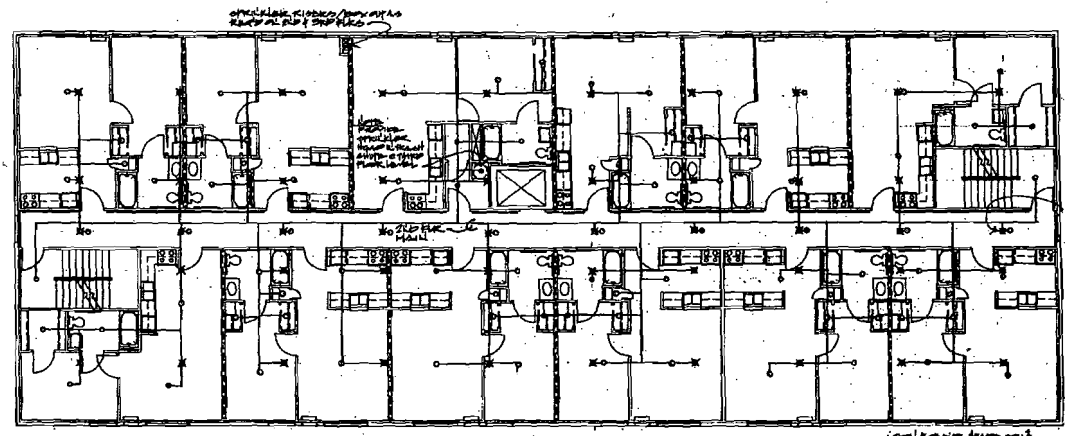
ATTIC SPRINKLER DIAGRAM



1ST FLOOR PLAN - FIRE PROTECTION

SPRINKLER HEAD LEGEND

- sprinkler head below ceiling in unoccupied space
- ⊗ sprinkler head above ceiling in occupied space
- ⊙ sprinkler head above ceiling in unoccupied space



2ND & 3RD FLOOR PLAN - FIRE PROTECTION

GENERAL SYSTEM NOTES

- TYPICAL LIGHT SPRINKLER HEAD, INSTALL IN ACCORDANCE WITH NFPA 13A.
- 87 RISERS TO SECOND, THIRD FLOOR AND ATTIC SPACES.
- TYPICAL DISTRIBUTION AT CORRIDOR CEILING.
- FIRE PROTECTION SUB-CONTRACTOR SHALL SUBMIT COPIES OF SPRINKLER SHOP DRAWINGS SEPARATELY TO THE STATE FIRE MARSHAL, THE ARCHITECT, AND THE CITY OF GADSDEN BUILDING OFFICIAL. THIS SUBMISSION SHALL INCLUDE ALL HYDRAULIC CALCULATIONS.
- MAIN DISTRIBUTION ARRANGEMENT AND CITY FIRE CONNECTIONS SHALL BE COORDINATED WITH THE CITY OF GADSDEN FIRE DEPARTMENT.
- SPRINKLER PROTECTION IN ATTIC SPACE SHALL BE DESIGNED IN ACCORDANCE WITH NFPA 13 AND LOCATION OF ALL SPRINKLER HEADS SHALL BE COORDINATED BY FIRE PROTECTION SUB-CONTRACTOR WITH STATE FIRE MARSHAL, COORDINATING INSTALLATION REQUIREMENTS WITH THE ARCHITECT AND THE CITY BUILDING OFFICIAL.
- INSTALL FIRE EXTINGUISHERS IN ACCORDANCE WITH STATE FIRE MARSHAL AND THE CITY OF GADSDEN REQUIREMENTS. PROVIDE INSTALLATION OF FOLLOWING EQUIPMENT:
 - FR-1: FIRE EXTINGUISHER WITH WALL BRACKET 10# ABC 2A:30 B-C RATING MINIMUM. PROVIDE IN MAINTENANCE ROOMS.
 - FR-2: FIRE EXTINGUISHER AND CABINET W/ ALLEN 285-TV W/ 0# ABC 2A:30 B-C RATING MINIMUM. PROVIDE IN PUBLIC SPACES.

NOTE: AT ALL SPRINKLER LOCATIONS SHOWN IN COMMON AREAS OF FIRST FLOOR LEVEL, PROVIDE SPRINKLER HEAD BELOW CEILING TO PROTECT OCCUPIED SPACE AND SPRINKLER HEAD ABOVE CEILING TO PROTECT UNOCCUPIED SPACE. ALL UNOCCUPIED FLOOR TRUSS SPACES TO BE PROTECTED AS PER SECTION 4.4.4.1 OF NFPA 13.

NOTE: HYDRAULIC CALCULATION, SHOP DRAWINGS, DETAILED EQUIPMENT LISTS WILL BE SUBMITTED AND SUBMITTED FOR PERMITS AFTER CONSTRUCTION HAS STARTED AND A SPRINKLER INSTALLATION CONTRACTOR HAS BEEN SELECTED. SYSTEM TO BE INSTALLED PER NFPA 14 AND COORDINATED WITH LOCAL FIRE PROTECTION AUTHORITIES.

PIPE SIZING SCHEDULE

Table 3-3.2 Light Hazard Pipe Schedules

Steel		Copper	
1 in.	2 sprinklers	1 in.	2 sprinklers
1 1/4 in.	3 sprinklers	1 1/4 in.	3 sprinklers
1 1/2 in.	4 sprinklers	1 1/2 in.	4 sprinklers
2 in.	10 sprinklers	2 in.	10 sprinklers
2 1/2 in.	30 sprinklers	2 1/2 in.	30 sprinklers
3 in.	60 sprinklers	3 in.	60 sprinklers
3 1/2 in.	100 sprinklers	3 1/2 in.	100 sprinklers
4 in.	See 3-3.1	4 in.	See 3-3.1

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 AUSTIN, TEXAS 78746. 512/528-7618

NATIONAL CHURCH RESIDENCES
 OF NORTHERN COLUMBUS
 HUD #043-EH315

STATE OF OHIO
 REGISTERED ARCHITECT

DRAWN: E.S.
 DATE:
 REVISIONS:
 NO. DATE REVISION

SHEET
 FP-1

Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS

NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 6f

➤ ARCHITECTURAL SKETCHES OF THE
CONVERSION

**NCR
Stygler
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Columbus, OH

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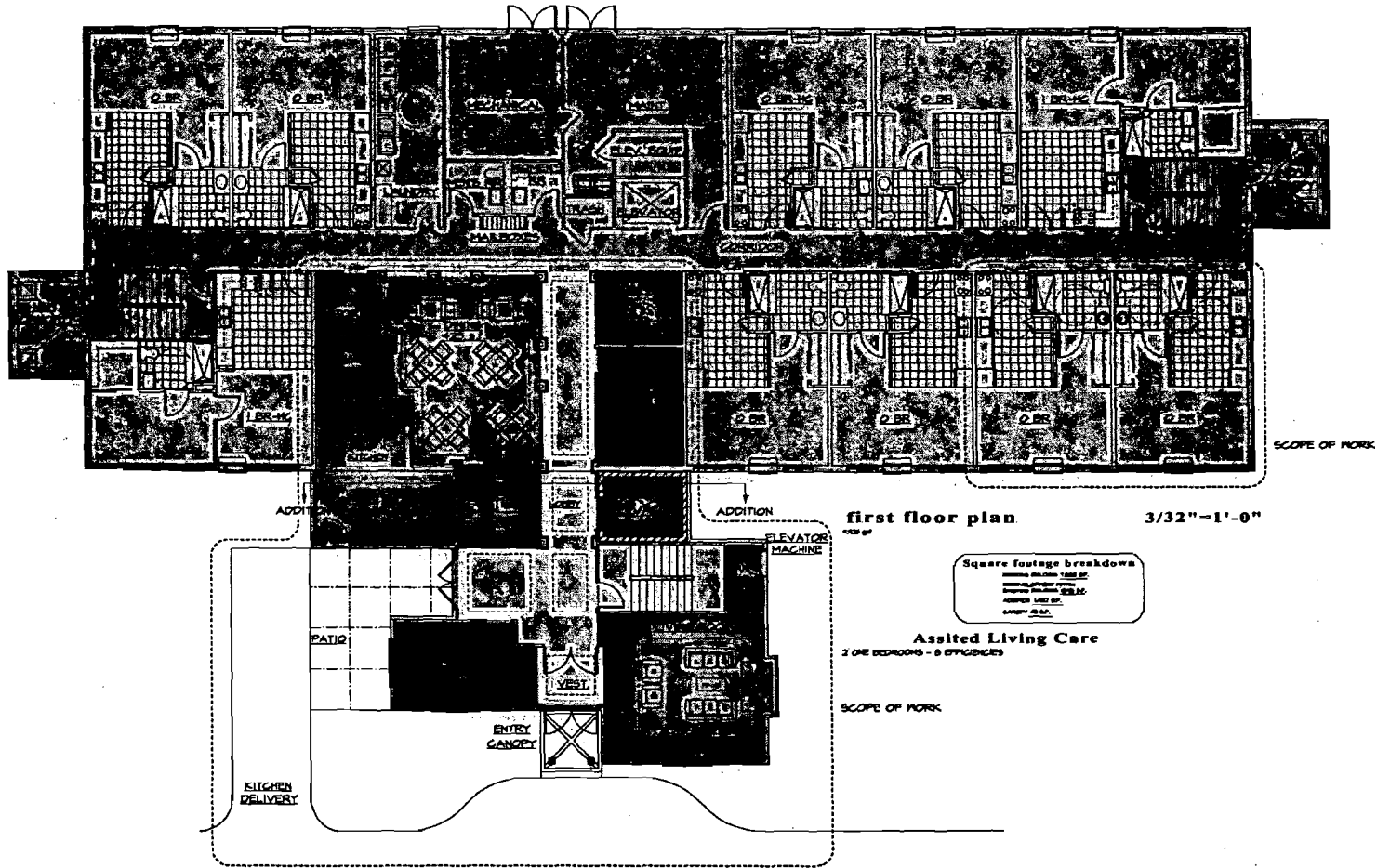
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Proposed
First Floor
Plan

A101



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Phone: (614) 221-1110 Fax: (614) 221-0511
E-mail: bplorch@bpiarch.com

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Columbus, OH

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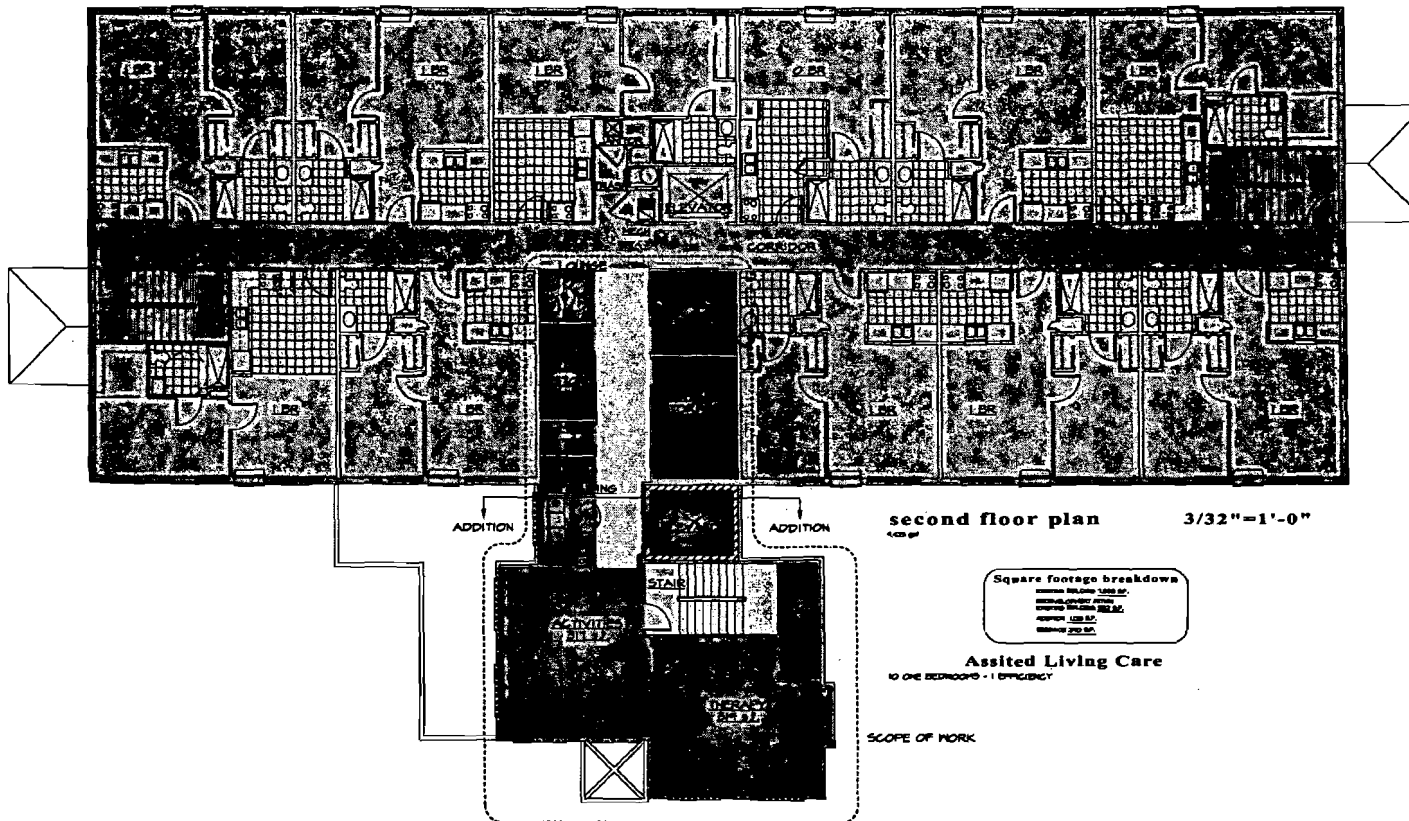
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Proposed
Second Floor
Plan

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Email: bpiarch@bpiarch.com

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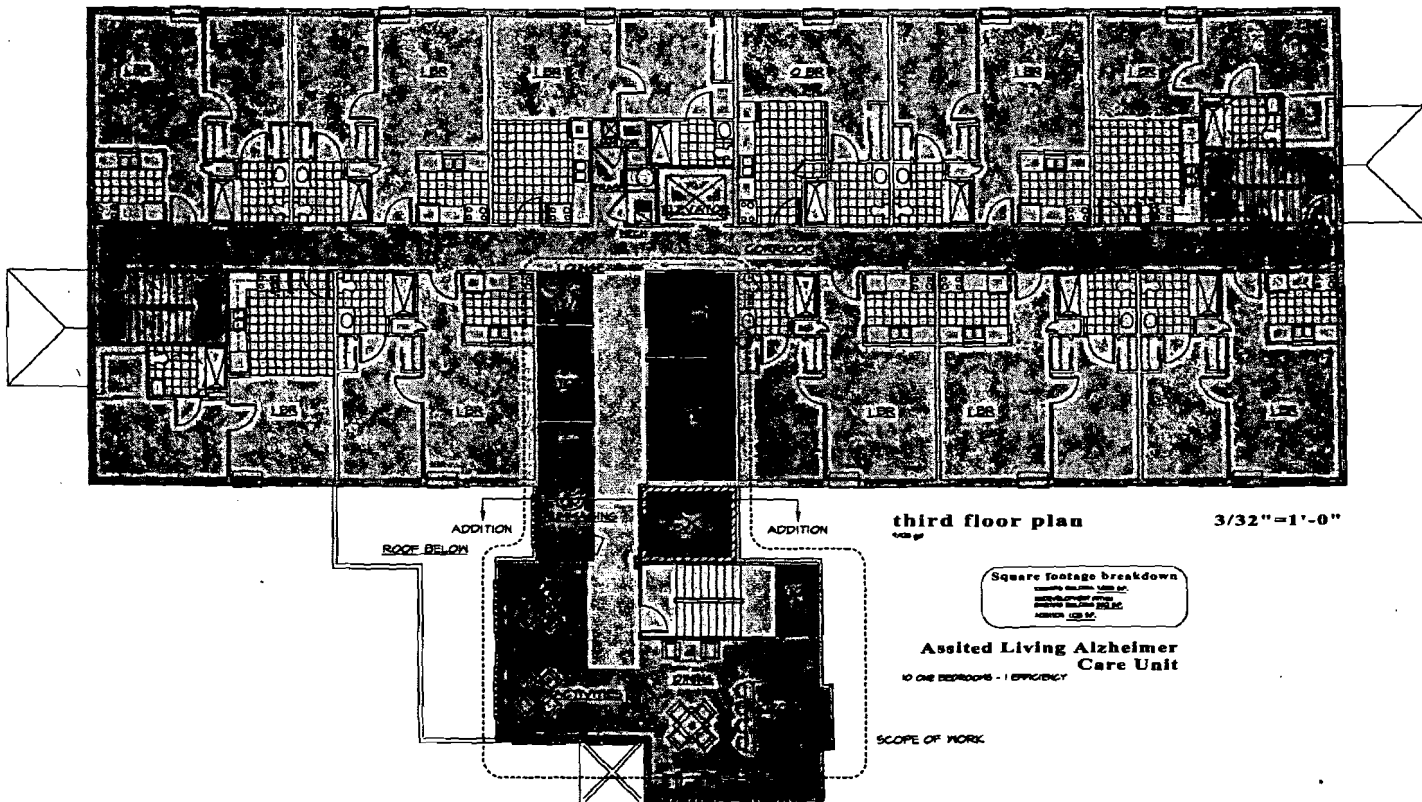
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Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS
NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 6g

- BUDGET WITH ESTIMATED COSTS FOR
MATERIALS AND LABOR FOR ITEMS LISTED IN
SECTION IV.B.6.f

NCR Stygler Commons Work Scope Summary
February, 2006

Stygler Commons
Assited Living Conversion Program

6/19/2007

Project Summary:

Three story, 32 units with 8 efficiency units, 1 two bedroom unit and 21 one bedroom standard and 7 one bedroom handicap units. Built in 1991

<u>Item</u>	<u>Work Description</u>	<u>Materials</u>	<u>Labor</u>	<u>Cost</u>	<u>Subtotals</u>
Site Work					
1	Generator fence/gate enclosure.	\$900	\$900	\$1,800	
2	Add approximately 3 pole mounted HPS cutoff style shoe box site pole lights and illumination to entry and sign area.	\$7,000	\$5,750	\$12,750	
3	Install trench drains along east edge of existing parking area and tie into existing storm system.	\$15,321	\$9,000	\$24,321	
4	Provide new 1 1/2" asphalt topping on entire parking lot and re-stripe. Cut out / remove existing crumbled / loose areas and put back new 2 1/2" asphalt base course first at front and at dumpster area.	\$20,750	\$20,750	\$41,500	
5					
	Enlarge dumpster enclosure to hold two dumpster containers, provide additional container.	\$5,500	\$5,500	\$11,000	
6	Enhance landscaping.	\$5,000	\$5,000	\$10,000	
	Site Work Subtotal				\$101,371
Building Exterior					
1	Replace building mounted lights	\$4,450	\$4,450	\$8,900	
2	Remove and replace existing shingle roof (RUL 6-10 years).	\$10,000	\$20,000	\$30,000	
3	Update and replace exterior doors, louvers and ducts.	\$2,500	\$3,900	\$6,400	
	Building Exterior Subtotal				\$45,300
Common Areas					
1					
	Corridors: Replace existing wood base with new stained 1x4 with roman ogee edge. Install 4" tall stained oak chair rail opposite side of existing handrail. Remove existing handrail and install new continuous 4" oak backer board and re-install handrail. Provide wall coverings above handrail / chair rail and new paint below.	\$18,000	\$18,000	\$36,000	
2					
	Install wall sconce left side of each living unit entrance doors in corridors.	\$2,500	\$7,500	\$10,000	
3	Provide new interior signage package.	\$2,000	\$500	\$2,500	
4	Trash chute hopper at upper floors not contained in 1 hour room.	\$2,500	\$4,200	\$6,700	
5					
	First Floor Entrance Lobby: Add new elevator, Remove existing lobby ceiling and install new raised drywall ceiling with crown moulding and new lighting. Existing acoustical ceiling at corridor to continue through with drywall bulkhead between corridor and lobby. Install wall covering and chair railing this space. Install new hard tile flooring from entrance door to opposite corridor wall and over to elevator. Provide new accent carpet flooring at lobby seating area surrounded by the hard tile. Community Room: Install new commercial kitchen, mechanical room and storage. Add crown moulding, chair rail and wall coverings. Laundry Room: Add plastic laminate shelf behind appliances.				
	Second Floor: Add elevator, waiting space, activities room and therapy room. Convert one-bedroom apartment to corridor, lounge, storage, mechanical, nursing and storage spaces.				
	Third Floor: Add elevator, rummaging/activities, dining, kitchen and storage rooms. Convert one-bedroom apartment to corridor, lounge, storage, bathing and nursing spaces.	\$312,798	\$278,500	\$591,298	
6					
	Thoroughly Clean air handler and ductwork and install new air devices in hallway.	\$1,800	\$2,200	\$4,000	
	Common Areas Subtotal				\$650,498

NCR Stygler Commons Work Scope Summary
 February, 2006

<u>Item</u>	<u>Work Description</u>	<u>Materials</u>	<u>Labor</u>	<u>Cost</u>	<u>Subtotals</u>
Living Units					
1	Replace existing carpet and resilient flooring and base as required.	\$29,040	\$19,360	\$48,400	
2	Appliance replacement as required.	\$34,700	\$500	\$35,200	
3	Replace tubs w/showers. Replace all fixtures & faucets. New fans, new floor, repaint, new countertops, new mirror, medicine cabinet, bath accessories, light.	\$77,550	\$78,218	\$155,768	
4	Repaint walls/ceilings unit interiors	\$6,000	\$19,035	\$25,035	
	Living Units Subtotal				\$264,403
Plumbing					
1	Replace domestic water heaters and mixing valve and recirculating pump	\$13,000	\$8,000	\$21,000	
	Plumbing Subtotal				\$21,000
HVAC					
1	Add weep extension tubes to each PTAC unit.	\$750	\$1,250	\$2,000	
2	Install fire damper on hallway furnace return air grilles.	\$900	\$300	\$1,200	
3	Replace condensing units	\$9,000	\$3,000	\$12,000	
4	Changeout Gas fired, unreliable, PTACs with high efficiency heat pumps.	\$60,000	\$15,020	\$75,020	
	HVAC Subtotal				\$90,220
Electrical					
1	Upgrade existing emergency call system to call offsite monitoring and annunciate individual points.	\$6,850	\$5,500	\$12,350	
2	Install smoke detectors in living unit bedrooms interconnected to smoke detectors in the living area.	\$7,600	\$7,600	\$15,200	
3	Install sensory impaired fire alarm devices throughout common areas and in handicap units.	\$5,000	\$15,300	\$20,300	
4	Install new CCTV to interconnect with entry camera and CATV distribution system.	\$2,000	\$1,000	\$3,000	
5	Install new 50 KW diesel generator	\$26,000	\$10,000	\$36,000	
6	Install magnetic locks to exits, video surveillance to the third floor	\$4,500	\$4,500	\$9,000	
	Electrical Subtotal				\$95,850
Fire Protection					
1	Replace all surface mounted sprinkler heads with white semi-recessed type.	\$18,750	\$50,000	\$68,750	
	Fire Protection Subtotal				\$68,750
	<i>subtotal</i>	\$712,659	\$624,733	\$1,337,392	\$1,337,392
	<i>8% general requirements</i>			\$106,991	
	<i>subtotal</i>			\$1,444,383	
	<i>2% overhead</i>			\$28,888	
	<i>7% profit</i>			\$101,107	
	<i>subtotal</i>			\$1,574,378	
	<i>bond</i>			\$19,680	
	<i>total</i>			\$1,594,058	

Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS

NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 6h

NOT APPLICABLE

- FINANCIAL COMMITMENT LETTERS FOR
CONVERSION NEEDS WHICH WILL BE
SUPPORTED BY NON-HUD FUNDING

Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS

NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 6i

- DESCRIPTION OF ANY RELOCATION OF CURRENT TENANTS

Exhibit 6(i): Relocation of Current Tenants

	# of Moves	# Months off-site
Phase 1: Construction Commences on 1st floor		
8 1st floor residents off-site	8 off	8 residents @ 3 mos.
Phase 2: 1st floor turns/2nd floor under construction		
10 2nd floor residents into 8 renovated units	10 on	
2 2nd floor residents off-site	2 off	2 residents @ 2 mos.
Phase 3: 2nd floor turns/3rd floor under construction		
11 3rd floor residents into 8 renovated units	11 on	
1 3rd floor resident off-site	1 off	1 resident @ 1 mo.
Phase 4: 3rd floor turns/Construction Complete		
11 residents return from off-site, into 3rd floor	11 off (return)	
	<i>Total:</i>	<i>Total:</i>
	21 on-site mvs	29 months off-site
	22 off-site mvs	

BUDGET

Moving:

21 on-site mvs	at \$350/mv	\$7,350
22 off-site mvs	at \$425/mv	\$9,350

Move Contingency:

10 add'l on-site mvs	at \$350/mv	\$3,500
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Packing:

43 packing	at \$40/hr for 3 hrs	\$5,160
43 unpacking	at \$40/hr for 2 hrs	\$3,440

Off-Site Rents:

29 months	at \$700/mo	\$20,300
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Off-Site Storage:

29 months	at \$70/mo	\$2,030
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Phone Transfers:

22 transfers	at \$50/per	\$1,100
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TOTAL	\$52,230
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Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS

NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 7

NOT APPLICABLE

- DESCRIPTION AND FIRM COMMITMENT LETTERS FOR ANY RENOVATION THAT WILL BE DONE OUTSIDE OF THE ALF CONVERSION

Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS

NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 8

➤ EVIDENCE OF PERMISSIVE ZONING



June 14, 2007

National Church Residences
2235 North Bank
Columbus, Ohio 43220
Attn: Thomas Herlihy, Development Coordinator

Re: National Church Residences of Northern Columbus, OH, dba Stygler Commons
Hud Project#, 043-EH315

Dear Mr. Herlihy:

This letter is to verify that the property located at 367 Stygler Road is currently zoned AR (Multiple Family Residential) as shown on the Official Zoning Map of the City of Gahanna, adopted by Ordinance 198-96 on November 19, 1996 and recertified on December 31, 2005.

- The use of this property for a multi-family dwelling is a permitted use. Since there will be no change to the independent cooking facilities of each unit, the proposed modifications to include Assisted Living Facility into the project are permissible under the City of Gahanna zoning ordinances and regulations.
- This property abuts CC (Community Commercial) and L-SO (Limited Overlay Suburban Office) zoned properties.
- There are no code enforcement issues at the abovementioned project.

If our office can be of further assistance to you, please feel free to contact us at your convenience. (614) 342-4025.

Sincerely,

Bonnie Gard
Planning and Zoning Administrator

Assisted Living Conversion Program Application

NATIONAL CHURCH RESIDENCES OF NORTHERN COLUMBUS, OH, dba STYGLER COMMONS

NATIONAL CHURCH RESIDENCES, 2335 NORTH BANK DRIVE COLUMBUS, OHIO 43220

Exhibit 9

➤ **SUPPORTIVE SERVICES PLAN**

- a) Description of Supportive Services to be offered for frail elderly
- b) Description of Supportive Services to be offered for frail and disabled elderly
- c) Description of how the operation of the ALF will work
- d) Monthly rate for supportive services
- e) Funding sources for supportive services
- f) Support/commitment letter from each funding source listed in 9e
- g) Support letters from each governmental agency that will provide licensing
- h) Description of previous experience in supportive housing

Exhibit 9: Supportive Services Plan

9(a) Supportive Services to be Offered for Frail Elderly

National Church Residences Health Care (NCRHC) will provide the needed assisted living services to promote aging in place by supporting individual independence, choice, and privacy through the provision of the following services, as authorized in the residents assisted living care plan:

- (1) Personal care services;
- (2) Supportive services, such as housekeeping, laundry and maintenance;
- (3) Twenty-four hour on-site response capability to meet scheduled and/or unscheduled resident needs;
- (4) The co-ordination of the provision of three meals per day;
- (5) Social and recreational programming;
- (6) Non-medical scheduled transportation, as agreed upon by the resident, and ordered in the assisted living care plan.
- (7) Nursing services, including (a) Health assessments and monitoring; (b) Medication oversight, to the extent permitted under state law; and, (c) Incidental skilled nursing provided on a part-time intermittent basis.
- (8) Skilled nursing care provided on a part-time intermittent basis, supervision of special diets, administration of medication, and the application of dressings.

NCRHC will furnish sufficient on-duty staff, on a twenty-four hour basis to meet, in a timely manner, the residents unpredictable care, supervisory and emotional needs, reasonable requests for services, and adequately assist the resident in performing all activities of daily living.

9(b) Supportive Services to be offered to Frail and Disabled Eldery

All services will be provided to the residents on-site. Plans for therapy rooms, congregate dining and activity rooms will assure that residents can receive as many medical services as possible without leaving the facility.

The Service Coordinator role will be funded through a HUD Service Coordinator Grant. Stygler Commons currently has a service coordinator grant (OH16-HS06-001) effective November, 2006 –November, 2009 funded at 16 hours per week. Stygler Commons is submitting a secondary grant to fund the additional required 24 hours per week in the 2007 SuperNOFA application process.

The Service Coordinator (SC) will function as a liaison between the residents, management staff and the assisted living staff. The SC will attend all staff meetings with management and with NCR Healthcare.

Exhibit 9: Supportive Services Plan

A primary function of the SC will be to assist residents in applying for the Medicaid waivers for assisted living services in the State of Ohio. We plan to train the service coordinator specifically on the 15 page assessment tool that is currently being utilized by the State of Ohio. The SC will assist the residents in finding services that are not traditionally part of the assisted living program such as 1.) non-medical transportation; 2.) durable medical equipment; 3.) senior fraud prevention; 4.) prescription drug benefit programs; 5.) family resources; 6.) computer learning centers and 7.) educational programming. Finally, the SC will play a key role in helping the residents implement a Residents Association.

9(c) Description of how Operation of the ALF will work

(1) General Operating Procedures

As an eligible provider of assisted living services in a residential care facility licensed by the Ohio department of health, NCRHC's general operating procedures are in accordance with rules 3701-17-50 to 3701-17-68 of the Ohio Administrative Code. NCRHC operates three other assisted living facilities in the State and will follow the same operating procedures at Stygler Commons as it does for these other sites.

(2) ALF philosophy

The operating philosophy of the Stygler Commons Assisted Living program will maintain a "Person Centered Care" model that offers a home-like environment with the availability of supportive and health-related services to meet scheduled and unscheduled needs, twenty-four hours a day. Assisted living is viewed as the consumer's home, and as such includes the amenities that people generally expect in a residence, including a door that locks, a private bathroom, temperature control, a food preparation area, and the freedom to make choices about the types of services that are available. This model promotes the independence, dignity, privacy, decision-making, and autonomy of residents, and supports aging in place.

Stygler Commons recognizes that seniors need and desire a unique combination of housing and personalized supportive services. Healthcare staff will be available to offer assisted living services. This "person centered care" philosophy will have the objective of helping our seniors achieve the highest possible standard of living while continuing to live in their apartments. Person centered care will help seniors to preserve life-long patterns, and go about their daily activities in a way that feels and is "at home". The following principals of care are the foundation for services provided by Stygler Commons:

Exhibit 9: Supportive Services Plan

- Fostering independence for each resident
- Treating each resident with dignity and respect
- Promoting the individuality of each resident
- Allowing each resident choices in care and lifestyle
- Protecting each resident's right to privacy
- Involving family and friends in sharing the responsibility of care decisions
- Providing a safe residential environment
- Making the facility a valuable community asset
- Provide Highly Trained Compassionate staff
- Provide the right to voice or file grievances.
- Manage your own personal funds
- Retain and use your personal possessions
- Have freedom of religion
- Be informed of services available and the limitations of those services

Our residents are the most important part of what we do. They deserve the most courteous and attentive treatment we can give them. We want to always offer quality care to our resident. We must always treat all of our residents with the respect and dignity they deserve to make them feel special and genuinely appreciated. It is our goal to make every resident feel at home when they choose Stygler Commons Assisted Living.

To promote autonomy and independence, the facility will have common areas accessible to the resident, including dining areas and an activity center. Each resident will have their own residential living unit. The living units will be (1) single occupancy (2) Be able to be locked by the consumer unless contra-indicated in writing by the consumer's physician; (3) Include a bathroom with a working toilet, sink, and shower and, (4) include identifiable space for socialization.

(3) Service Coordination

The service coordinator (SC) will function as designed and regulated by the U.S. Department of Housing & Urban Development to continue to link residents to needed services within the community. The SC however will be in a specialized environment and will be called upon to specifically assist residents in determining eligibility for the Medicaid waiver program as well as other entitlement programs. The SC will organize educational programs and serve as a liaison between the residents, property management staff and the assisted living services staff.

(4) ALF Staff Training Plans

NCRHC's staff training plan assures and documents a minimum of eight hours of continuing education every twelve months for each facility staff person providing personal care. These training plans will ensure that each staff member is

Exhibit 9: Supportive Services Plan

educated specifically on topics including, the aging process, signs and symptoms of dementia, as well as cognitive impairments. Specific training and orientation programs will also take place to instruct staff on the philosophy of care model that will be implemented at Stygler Commons.

(5) How ALF will relate to the day-to-day operations of rest of project

As 100% of the available units at Stygler Commons will be licensed as a residential care facility, services will be available to residents who request and/or qualify and need assisted living services. All residents who currently reside at Stygler Commons will have their existing units available to them. If they are in need of assisted living services, they will be made available to them. The residents may request specific services such as meals or light housekeeping, even if they do not qualify as an assisted living client.

9(d) Monthly Rate for Supportive Services

The monthly individual rate for board and supportive services for the ALF is determined by the Ohio Department of Health. Based upon a resident's clinical assessment, a level of care will be determined on an individual basis. There are three levels with the daily rates as follows:

Level 1 \$50.00/day

These residents require intermittent cuing and prompts; they are independent with medication management, they need no nursing care but require up to 2.75 hours of service per day.

Level 2 \$60.00 / day

These residents require 24 hour supervision to prevent harm to self/others, medication management supervision, weekly or monthly nursing care for routine health monitoring/management, and need 2.7 – 3.35 hours of service per day.

Level 3 \$70.00 / day

These residents require 24 hour supervision to prevent harm to self/others, medication administration by qualified licensed staff, and daily nursing care due to an unstable medical condition and require more than 3.35 hours of service per day.

The services that will be provided for each of these rates include: 24 hour on-site response, personal care, supportive services (housekeeping, laundry & maintenance), nursing, transportation, 3 meals per day and social/recreational programming.

NCRHC will offer optional services on an as needed basis. NCRHC estimates

Exhibit 9: Supportive Services Plan

the total annual costs for board and supportive services to be approximately \$427,000.

9(e) Funding Sources for Supportive Services

The services will be paid for through the Assisted Living Medicaid Waiver program administered by the Ohio Department of Aging. This program pays for the following services:

1. Meals
2. Housekeeping
3. Personal care
4. Medication Administration by a licensed nurse
5. Nursing care for routine health monitoring and management
6. Nurse Aide services for Activities of Daily Living (ADL) including assistance with bathing, dressing, eating, transferring, ambulation and toileting.

9(f) Commitment Letters for Funding Sources listed in 9e

The Ohio Department of Aging which administers the Medicaid Waiver program is in support of this application. As the primary funding source for the program, they have provided a "Letter of Support" which outlines the total planned annual commitment, length of time for the commitment, and the amounts payable for each service covered, which is a daily rate. (SEE ATTACHED LETTER OF SUPPORT – Ohio Department of Aging)

9(g) Support Letter from Governmental Agency that will provide Licensing

The Ohio Department of Health, Division of Quality Assurance licenses residential care facilities (assisted living facilities) within the State of Ohio. (SEE ATTACHED LETTER OF SUPPORT – Ohio Department of Health)

9(h) Description of Previous Experience in Supportive Housing

In the last 15 years, National Church Residences Healthcare has opened and operated four skilled nursing facilities and four assisted living facilities in the State of Ohio. Most recently, NCRHC has opened a Memory Care Unit. Currently NCRHC provides: skilled nursing care facilities, assisted living facilities, home health care and hospice services to elderly residents in the communities across Ohio. Services that are provided on site include: meals,

Exhibit 9: Supportive Services Plan

occupational therapy, nursing services, speech therapy, physical therapy, as well as supportive services (housekeeping and laundry services).

NCR Healthcare Sites

- **Skilled Nursing Facilities**
Traditions at Stygler (167 N. Stygler Road, Gahanna, Ohio)
- **Assisted Living Facilities**
Traditions at Mill Run (3550 Fishinger Road, Hilliard, Ohio)
- **Skilled Nursing Facilities with attached Assisted Living Facilities**
Traditions at Bristol Village (444 Cherry Street, Waverly, Ohio)
Traditions at Bath Road (300 E. Bath Road, Cuyahoga Falls, Ohio)
- **Skilled Nursing Facilities with attached Assisted Living Facility and Independent Living Facility**
Traditions of Chillicothe (142 University Drive, Chillicothe, Ohio)
- **Home and Community Based Services**
NCR at Home Health and Hospice, Central Ohio (Home Health Care and Hospice – Columbus, Ohio)
NCR at Home Health and Hospice, Southern, Ohio (Home Health Care and Hospice – Waverly OH)

NCRHC is a leader in “Qualify First,” a comprehensive initiative of the American Association of Homes and Services for the Aging (AAHSA). Quality first is a philosophy of quality and a framework for earning public trust in aging services. More importantly, it’s a commitment as an aging services provider to help older adults and their loved ones live their lives to the fullest potential.

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(614) 645-3884 fax
(614) 645-6200 TTY/TDD

June 1, 2007

Tom Slemmer, President
National Church Residences
2335 North Bank Drive
Columbus, OH 43220

Dear Tom,

The Central Ohio Area Agency on Aging would like to enthusiastically support your HUD application for an Assisted Living Conversion Grant, which would convert Stygler Commons into a licensed assisted living facility. The existing Section 202 building in Gahanna would be an excellent choice for conversion in our opinion. We recently visited Stygler Commons with an Ohio legislator to speak to a Home Care Waiver client with early Alzheimers Disease. How wonderful to think she will be able to age in place in that facility with the new Ohio Assisted Living Waiver and the conversion you are proposing.

As you know from previous conversations, the new Assisted Living Waiver gives Ohio new choices in long-term care. To take advantage of that choice in central Ohio will take more available and affordable units. We are excited that NCR may add to the affordable assisted living units in Columbus. New eligibility standards, expected to be passed in the Ohio budget in June, should dramatically increase our need for units. I can think of no better organization than National Church Residences to pursue a conversion grant. There is a definite need for the units and we hope you're application is successful.

Sincerely,

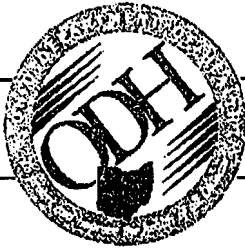
Cindy Farson, Director
Central Ohio Area Agency on Aging

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OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

Bob Taft / Governor

J. Nick Baird, M.D. / Director of Health

May 29, 2007

Joseph B. Kuyoth, Jr.
Senior Vice President, Chief Operating Officer
National Church Residences
2335 Northbank Dr.
Columbus, OH 43220

Re: Stygler Commons

Dear Mr. Kuyoth:

Kathy Locke, your Vice President of Clinical Services, has asked me for a letter of support for your proposed project to convert your independent living facility, Stygler Commons in Gahanna, Ohio, to an assisted living facility.

Because the Ohio Department of Health licenses residential care facilities, commonly known as assisted living facilities, issuing a letter of support for your project constitutes a conflict of interest. Although we license your skilled nursing facility, Traditions at Stygler Road, we have not inspected Stygler Commons because it has been an independent living facility and was not required to be licensed.

If Stygler Commons applies for a license as a residential care facility, as defined by section 3721.01 of the Ohio Revised Code, the Director of Health will issue a license to the facility if he determines that the facility meets the requirements of the residential care facility licensing laws and rules, the Ohio Building Code and the Ohio Fire Code. This determination will be made after Stygler Commons applies for a license and undergoes an initial licensing inspection.

Please contact me at (614) 466-7857 if you have any further questions.

Sincerely,

Rebecca S. Maust, Chief
Division of Quality Assurance



ODA0003

Ohio Department of Aging

50 West Broad Street/9th Floor, Columbus, Ohio 43215-3363
(614)466-5500 TTY (614)466-6191 FAX (614)466-5741

Ted Strickland, Governor
Merle Grace Kearns, Director

June 6, 2007

U.S. Department of Housing & Urban Development
Attn: Faye Norman, ALCP Grant Conversion Program Director
Washington D.C.

Dear Ms. Faye Norman,

The Ohio Department of Aging (ODA) enthusiastically supports the National Church Residences (NCR) application to convert Stygler Commons into an Assisted Living Facility through HUD's Assisted Living Conversion Program.

ODA administers Ohio's Assisted Living Medicaid Waiver Program. As of June 1, 2007, we have only 205 consumers enrolled in the assisted living Medicaid waiver, while we have been approved & funded for 1800 consumers. ODA understands that NCR will convert 32 units of affordable housing into assisted living units providing services to low-income elderly individuals at Stygler Commons; if these residents qualify for our Medicaid Waiver program and need the eligible services, 32 slots will be available for utilization at this site.

To qualify for this program, eligible participants must be Medicaid Waiver eligible, be age 21 or older, need hands-on assistance with dressing, bathing, toileting, grooming, eating or mobility, and have unpredictable needs for assistance with activities of daily living. The program is covered at three levels of care providing reimbursement at Tier One (\$50/day), Tier Two (\$60/day) and Tier Three (\$70/day). Assisted living services provided within this cost structure include: 24 hour on-site response, personal care, housekeeping, laundry, maintenance, nursing, and transportation, 3 meals per day and social/recreational programming. The most appropriate level of care is determined for each individual. Should all 32 residents happen to require the highest level of services (Tier Three), an annual cost to operate the program would be \$67,200 per month or \$806,400 annually.

Participants must be able to pay room and board, which is not included in the Medicaid waiver rates. We understand that room and board will be provided for eligible residents at Stygler Commons through the HUD Section 202 program. Affordable assisted living services are very much needed in the State of Ohio. We applaud NCR for submitting this application to provide more affordable housing with services in our great State. We hope that the U.S. Department of Housing & Urban Development looks favorably upon their application.

Sincerely,

Barbara E. Riley
Executive Director
Ohio Department of Aging
50 W Broad Street, Floor 9
Columbus, Ohio 43215-3301

Cc: Tom Slemmer

Appendix I: Financial Accountability

APPENDIX I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

In accordance with Ohio Administrative Code rule 5101:3-1-29, ODJFS is required to have in effect a program to prevent and detect fraud, waste, and abuse in the Medicaid program. The definition of fraud, waste, and abuse incorporates the concept of payment integrity. ODJFS, the Ohio State Auditor, and/or the Ohio Office of Attorney General may recoup any amount in excess of that legitimately due to the provider based on review or audit.

Currently, the concept of financial integrity related to provider payments is addressed through procedures performed by subrecipients of ODJFS and ODA. As such, the summation of the procedures employed is segregated by those being currently employed by the ODA, their subrecipients and those performed by the ODJFS as they pertain to the PASSPORT waiver program which is administered on behalf of ODJFS by ODA.

ODA:

In accordance with 173-39-04 (Provider Structural compliance review rule) an on-site provider structural compliance review must be conducted annually by the regional entity for every provider. The on-site review must include verification that a sample of paid service units were delivered according to the requirements set forth in the rule 173-39-02 (Conditions of Participation) and in rule 173-39-02.16 and 173-39-02.17 (Assisted Living and Community Transition Service Specifications). The verification audit must be based on a review of a ten percent sample of the provider's current certified service delivery records for each service delivered, with a minimum of three records per service and a maximum of thirty records reviewed. The time period reviewed is the quarter preceding the date of the on-site structural compliance review. If unit of service errors are detected during the review, the provider must return the overpayment of funds to ODA or its designee. The repayment must be completed using acceptable state auditing procedures. ODA reserves the right to expand the sample or may require that an outside audit be conducted at the provider's expense. Additionally, on an annual basis, ODA as well as its subrecipients are subjected to external audits conducted in accordance with the provisions OMB Circular A-133.

ODJFS:

ODJFS has an organized autonomous audit function which is independent of the ODJFS Medicaid program area. The Office of Research, Assessment and Accountability (ORAA) conducts retrospectively focused engagements in accordance with relevant professional standards to provide reasonable assurance that costs reimbursed through the Medicaid program are allowable under state and federal program requirements and indicative of goods or services rendered. On a biennial basis, ORAA personnel conduct audits of Regional Entity prepared cost reports. The audit scope utilized, includes selecting provider claims to assure an appropriate level of evidentiary matter exists to validate amounts

State:	Ohio
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reimbursed are allowable and indicative of services provided on behalf of Medicaid beneficiaries. Additionally, through the use of standardized review procedures, including statistical sampling, ORAA performs performance based reviews to determine the appropriateness of eligibility determinations.

ORAA maintains a Surveillance Utilization Review function that focuses its audit and review procedures on the allowableness of reasonableness of reimbursed provider claims. Currently at the insistence of CMS representatives, the unit is readdressing the program integrity function as it relates to sister state agencies who administer Medicaid program activities on the behalf of ODJFS. The preliminary efforts are to assure ODJFS's review procedures specifically encompass the provider claims payments that are processed initially by sister state agencies. This reassessment process is currently in progress and the audit scope and corresponding audit strategy to be employed are to be subjected to CMS approval. The resolution portion of program integrity functions is organized within ODJFS' Legal Services and Chief Inspector's offices.

The Auditor of the State of Ohio State Auditor conducts an annual Single State Audit of ODJFS in accordance with the requirements of the Single Audit Act (31 U.S.C. 7501-7507) as amended by the Single Audit Act Amendments of 1996 (P.L. 104-146). Audit and review activities conducted by ORAA are included within the scope of the audit.

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APPENDIX I-2: Rates, Billing and Claims

- a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

The Ohio Department of Job and Family Services and the Ohio Department of Aging developed the provider rates. ODJFS provides oversight in developing the methodology used to determine the rate and reviewing the data and analysis used by ODA in determining these rates. The provider payment rates are set in Ohio Administrative Code and, as part of the process of adopting Administrative Code, the public has the opportunity to provide comment. The rate for community transitions services is a maximum rate available to the participant and is based upon experience with the Ohio Access Success grant project in which the average amount spent on transition services is \$1,466 per eligible individual.

The payment rate is based on the assigned tier that reflects the level of service the participant requires. The development of the tiers and rate setting methodology considered the following factors: the amount of assisted living service to be provided for each tier and the projected cost of providing the service. To develop the three tiers the state identified four categories of service need: amount of direct care service, the presence of the need for medication assistance/administration; the presence of the need for nursing services and degree of need for supervision to prevent harm.

Category	TIER 1	TIER 2	TIER 3
Cognitive Impairments	Occasional prompts	Daily cuing and prompts	Ongoing cuing, prompts, and redirection
Medication Administration	Independent with Medications (Requires no staff involvement)	Supervision with Medication Management (staff involvement with procurement, storage, and reminders)	Medication Administration by qualified staff
Nursing	No individualized, scheduled, hands-on care provided by a licensed nurse care	Weekly and/or Monthly individualized, hands-on care provided by a licensed nurse.	Daily nursing care due to an unstable medical condition or intermittent skilled nursing care provided by the facility
Physical Impairments	Individuals who require up to 2.75 hours of service per day	Individuals who require more than 2.75 hours and less than 3.35 hours of service per day	Individuals who require more than 3.35 hours of service per day
	Rate: \$49.98	Rate: \$60.00	Rate: \$ 69.98

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In order to determine the amount of service for each tier, the state analyzed patterns and trends of service use data and expenditures available for the state's HCBS waiver (PASSPORT). A subset of individuals within this waiver who would most likely choose an assisted living waiver option was selected. This subset consists of individuals who disenrolled from the waiver to enter a nursing facility. The state then identified services provided in the waiver (personal care, homemaker, and transportation) which are similar in nature to the tasks performed within the definition of the assisted living service. The state analyzed the service usage of the subset of individuals to establish the amount of service to be provided in each tier.

A review of the assisted living service definition and the levels of support for each tier confirmed three types of staff would be involved in service delivery: nursing, direct care staff, and transportation staff.

The Bureau of Labor Statistics *Employer Costs for Employee Compensation Report* (June 2005), released 9/21/05, is the source of the data used to determine the total compensation costs (hourly wage and benefit costs) for registered nurses and direct care staff.

The U.S. Department of Labor, Employment and Training Administration's O*NET database is the source of the data used to determine the hourly wage costs for transportation staff. The Bureau of Labor Statistics *Employer Costs for Employee Compensation Report* (June 2005), released 9/21/05, is the source of the data used to determine the benefit costs for transportation staff.

The OMB Circular A-87 is the source used to establish the administrative costs.

- b. **Flow of Billings.** Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

All provider billings are submitted for review through ODA's PASSPORT Information Management System. Providers can either use a direct data entry module into the database or use a HIPAA compliant electronic data interchange. The regional entities (as described in A-4) will process the billings to determine the extent of payment to the providers. Payment to providers comes from advances provided to the regional entities from state GRF dollars. After the payments are documented, ODA will compile a claim from these payment records and submit it through Ohio's MMIS to obtain the federal share. The federal share is remitted to ODA.

- c. **Certifying Public Expenditures (select one):**

<input type="radio"/>	Yes. Public agencies directly expend funds for part or all of the cost of waiver services and certify their public expenditures (CPE) in lieu of billing that amount to Medicaid (<i>check each that applies</i>):
<input type="checkbox"/>	Certified Public Expenditures (CPE) of State Public Agencies. Specify: (a) the public agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). (<i>Indicate source of revenue for CPEs in Item I-4-a.</i>)
<input type="checkbox"/>	Certified Public Expenditures (CPE) of Non-State Public Agencies. Specify: (a) the non-State public agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services;

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	and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). <i>(Indicate source of revenue for CPEs in Item I-4-b.)</i>
<input checked="" type="checkbox"/>	No. Public agencies do not certify expenditures for waiver services.

- d. **Billing Validation Process.** Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

Provider claims are initially reviewed using ODA's PASSPORT Information Management claims processing system. This system contains edits to assure that the participant is enrolled, that the service is prior authorized and it is delivered according to the participant's service plan using certified providers who have a Medicaid provider agreement. The system identifies an approved payment amount for each service. ODA then compiles its claim for FFP from these approved payment records and submits an electronic file to Ohio's MMIS. The MMIS provides controls to ensure that participants are Medicaid eligible and entitled to receive certain waiver services at a certain maximum cost for a given period of time, that providers are eligible to receive payment for those waiver services; and that providers are eligible to provide the certain waiver services.

- e. **Billing and Claims Record Maintenance Requirement.** Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §74.53.

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APPENDIX I-3: Payment

a. Method of payments — MMIS (select one):

<input checked="" type="radio"/>	Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).
<input type="radio"/>	Payments for some, but not all, waiver services are made through an approved MMIS. Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64.
<input type="radio"/>	Payments for waiver services are not made through an approved MMIS. Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:
<input type="radio"/>	Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS. Describe how payments are made to the managed care entity or entities:

b. Direct payment. Payments for waiver services are made utilizing one or more of the following arrangements (check each that applies):

<input type="checkbox"/>	The Medicaid agency makes payments directly to providers of waiver services.
<input type="checkbox"/>	The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.
<input checked="" type="checkbox"/>	The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent. Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent: ODJFS uses the ODA and its regional entities as a limited fiscal agent to pay providers for assisted living waiver claims. As stated previously, waiver providers use the option of submitting their claims to the regional entities for payment. The regional entity adjudicates the claims using the ODA payment system edits to assure appropriateness and accuracy of payment. Subsequently, ODA compiles the claims for submission to MMIS to gain the FFP. ODJFS through its MMIS will adjudicate the ODA claim. The regional entities will recruit and certify Assisted Living waiver providers. During the certification process, providers are informed of the available methods that can be used to submit invoices to the regional entity. The invoices will provide sufficient detail of delivered services including units of service, service dates, and the consumer who received the service. Provider claims are initially adjudicated through ODA's PASSPORT Information.

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Management System (PIMS). This system adjudicates claims to assure several factors are met for the service dates including:

- Consumer is enrolled in the Assisted Living waiver.
- Service is prior authorized as shown through the service plan
- Units billed are included within the service plan.
- The provider is certified by the local regional entity and has a Medicaid provider number.
- Payments to the provider are limited to the rates identified for each service & tier
- Providers will not invoice Medicaid (ODJFS) directly for services delivered to the Assisted Living consumers.
- Provider claims are initially reviewed using ODA's PASSPORT Information Management claims processing system. This system contains edits to assure that the participant is enrolled, that the service is prior authorized and it is delivered according to the participant's service plan using certified providers who have a Medicaid provider agreement.
- The system identifies an approved payment amount for each service.
- ODA then compiles its claim for FFP from these approved payment records and submits an electronic file to Ohio's MMIS.
- The MMIS provides controls to ensure that participants are Medicaid eligible and entitled to receive certain waiver services at a certain maximum cost for a given period of time; that providers are eligible to receive payment for those waiver services; and that providers are eligible to provide the certain waiver services.

The regional entities are reimbursed for administrative costs by ODA pursuant to the provisions in the Three Party Agreements and pursuant to the standards of OMB Circular A-133. ODJFS performs audits of those costs as indicated in the Three Party Agreement and at least once every three years.

Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity. Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.

c. **Supplemental or Enhanced Payments.** Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan/waiver. Specify whether supplemental or enhanced payments are made. *Select one:*

<input checked="" type="radio"/>	No. The State does not make supplemental or enhanced payments for waiver services.
<input type="radio"/>	Yes. The State makes supplemental or enhanced payments for waiver services. Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made and (b) the types of providers to which such payments are made. Upon request, the State will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

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d. Payments to Public Providers. Specify whether public providers receive payment for the provision of waiver services.

<input checked="" type="radio"/>	Yes. Public providers receive payment for waiver services. Specify the types of public providers that receive payment for waiver services and the services that the public providers furnish. <i>Complete item I-3-e.</i>
	A public housing entity may be licensed as a residential care facility and certified to provide assisted living services and the community transition services.
<input type="radio"/>	No. Public providers do not receive payment for waiver services. <i>Do not complete Item I-3-e.</i>

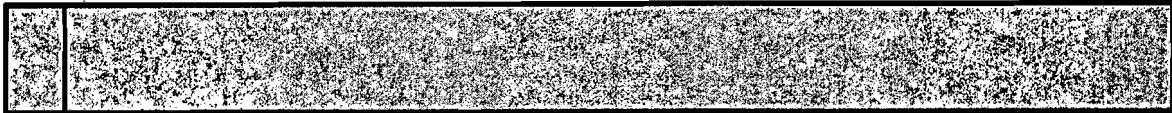
e. Amount of Payment to Public Providers. Specify whether any public provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, how the State recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. *Select one:*

<input checked="" type="radio"/>	The amount paid to public providers is the same as the amount paid to private providers of the same service.
<input type="radio"/>	The amount paid to public providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.
<input type="radio"/>	The amount paid to public providers differs from the amount paid to private providers of the same service. When a public provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the State recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report. Describe the recoupment process:

f. Provider Retention of Payments. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. *Select one:*

<input checked="" type="radio"/>	Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.
<input type="radio"/>	Providers do not receive and retain 100 percent of the amount claimed to CMS for waiver services. Provide a full description of the billing, claims, or payment processes that result in less than 100% reimbursement of providers. Include: (a) the methodology for reduced or returned payments; (b) a complete listing of types of providers, the amount or percentage of payments that are reduced or returned; and, (c) the disposition and use of the funds retained or returned to the State (i.e., general fund, medical services account, etc.):
<input type="radio"/>	Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment. Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the State.

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g. Additional Payment Arrangements

i. Voluntary Reassignment of Payments to a Governmental Agency. *Select one:*

<input type="radio"/>	Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e). Specify the governmental agency (or agencies) to which reassignment may be made.
<input checked="" type="radio"/>	No. The State does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.

ii. Organized Health Care Delivery System. *Select one:*

<input type="radio"/>	Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10. Specify the following: (a) the entities that are designated as an OHCDs and how these entities qualify for designation as an OHCDs; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDs; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDs arrangement is employed, including the selection of providers not affiliated with the OHCDs; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDs meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDs contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDs arrangement is used:
<input checked="" type="radio"/>	No. The State does not employ Organized Health Care Delivery System (OHCDs) arrangements under the provisions of 42 CFR §447.10.

iii. Contracts with MCOs, PIHPs or PAHPs. *Select one:*

<input type="radio"/>	The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.
<input type="radio"/>	This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain <i>waiver</i> and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the

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	types of health plans that are used and how payments to these plans are made.
X	The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.

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APPENDIX I-4: Non-Federal Matching Funds

- a. **State Level Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the State source or sources of the non-federal share of computable waiver costs. *Check each that applies:*

<input checked="" type="checkbox"/>	Appropriation of State Tax Revenues to the State Medicaid agency
<input type="checkbox"/>	Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency. If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by public agencies as CPEs, as indicated in Item I-2-c:
<input type="checkbox"/>	Other State Level Source(s) of Funds. Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by public agencies as CPEs, as indicated in Item I-2- c:

- b. **Local or Other Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. *Check each that applies:*

<input type="checkbox"/>	Appropriation of Local Revenues. Specify: (a) the local entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by public agencies as CPEs, as specified in Item I-2- c:
<input type="checkbox"/>	Other non-State Level Source(s) of Funds. Specify: (a) the source of funds; (b) the entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the State Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and /or, indicate if funds are directly expended by public agencies as CPEs, as specified in Item I-2- c:
<input checked="" type="checkbox"/>	Not Applicable. There are no non-State level sources of funds for the non-federal share.

- c. **Information Concerning Certain Sources of Funds.** Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources. *Check each that applies.*

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<input type="checkbox"/>	Provider taxes or fees
<input type="checkbox"/>	Provider donations
<input type="checkbox"/>	Federal funds (other than FFP)
	For each source of funds indicated above, describe the source of the funds in detail:
<input checked="" type="checkbox"/>	None of the foregoing sources of funds contribute to the non-federal share of computable waiver costs.

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APPENDIX I-5: Exclusion of Medicaid Payment for Room and Board

a. Services Furnished in Residential Settings. *Select one:*

<input type="radio"/>	No services under this waiver are furnished in residential settings other than the private residence of the individual. <i>(Do not complete Item I-5-b).</i>
<input checked="" type="radio"/>	As specified in Appendix C, the State furnishes waiver services in residential settings other than the personal home of the individual. <i>(Complete Item I-5-b)</i>

b. Method for Excluding the Cost of Room and Board Furnished in Residential Settings. The following describes the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

The participant directly pays the residential care facility the payment for room and board. The established room and board rate is \$553.00/month. This amount is based on the 2006 SSI monthly benefit minus a \$50.00 personal needs allowance.

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APPENDIX I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver.

Select one:

<input type="radio"/>	<p>Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services. <i>The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:</i></p>
<input checked="" type="radio"/>	<p>No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.</p>

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APPENDIX I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing

- a. **Co-Payment Requirements.** Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services as provided in 42 CFR §447.50. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

<input checked="" type="checkbox"/>	No. The State does not impose a co-payment or similar charge upon participants for waiver services. <i>(Do not complete the remaining items; proceed to Item I-7-b).</i>
<input type="checkbox"/>	Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services. <i>(Complete the remaining items)</i>

- i. **Co-Pay Arrangement** Specify the types of co-pay arrangements that are imposed on waiver participants *(check each that applies):*

<i>Charges Associated with the Provision of Waiver Services (if any are checked, complete Items I-7-a-ii through I-7-a-iv):</i>	
<input type="checkbox"/>	Nominal deductible
<input type="checkbox"/>	Coinsurance
<input type="checkbox"/>	Co-Payment
<input type="checkbox"/>	Other charge <i>(specify):</i>

- ii **Participants Subject to Co-pay Charges for Waiver Services.** Specify the groups of waiver participants who are subject to charges for the waiver services specified in Item I-7-a-iii and the groups for whom such charges are excluded. The groups of participants who are excluded must comply with 42 CFR §447.53.

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- iii. **Amount of Co-Pay Charges for Waiver Services.** In the following table, list the waiver services for which a charge is made, the amount of the charge, and the basis for determining the charge. The amount of the charge must comply with the maximum amounts set forth in 42 CFR §447.54.

Waiver Service	Amount of Charge	Basis of the Charge

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iv. **Cumulative Maximum Charges.** Indicate whether there is a cumulative maximum amount for all co-payment charges to a waiver participant (*select one*):

<input type="radio"/>	There is no cumulative maximum for all deductible, coinsurance or co-payment charges to a waiver participant.
<input type="radio"/>	There is a cumulative maximum for all deductible, coinsurance or co-payment charges to a waiver participant. Specify the cumulative maximum and the time period to which the maximum applies:

v. **Assurance.** In accordance with 42 CFR §447.53(e), the State assures that no provider may deny waiver services to an individual who is eligible for the services on account of the individual's inability to pay a cost-sharing charge for a waiver service.

b. **Other State Requirement for Cost Sharing.** Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants as provided in 42 CFR §447.50. *Select one:*

<input checked="" type="radio"/>	No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.
<input type="radio"/>	Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement. Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income as set forth in 42 CFR §447.52; (c) the groups of participants subject to cost-sharing and the groups who are excluded (groups of participants who are excluded must comply with 42 CFR §447.53); and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

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Attachments Form

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

- | | | |
|---------------------------------|-----------------------------------|------------------------------|
| 1) Please attach Attachment 1 | 4351-NCR_of_N._Columbus_dba_Stygl | Mime Type: |
| | er_Commons_ALCP.zip | application/x-zip-compressed |
| 2) Please attach Attachment 2 | | |
| 3) Please attach Attachment 3 | | |
| 4) Please attach Attachment 4 | | |
| 5) Please attach Attachment 5 | | |
| 6) Please attach Attachment 6 | | |
| 7) Please attach Attachment 7 | | |
| 8) Please attach Attachment 8 | | |
| 9) Please attach Attachment 9 | | |
| 10) Please attach Attachment 10 | | |
| 11) Please attach Attachment 11 | | |
| 12) Please attach Attachment 12 | | |
| 13) Please attach Attachment 13 | | |
| 14) Please attach Attachment 14 | | |
| 15) Please attach Attachment 15 | | |

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:

NCR of Northern Columbus, OH

Applicant's DUNS Name:

Federal Program:

Assisted Living Conversion Program

CFDA Number:

14.314

- | | |
|--|--|
| 1. Has the applicant ever received a grant or contract from the Federal government?
<input checked="" type="radio"/> Yes <input type="radio"/> No | 5. Is the applicant a local affiliate of a national organization?
<input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2. Is the applicant a faith-based organization?
<input checked="" type="radio"/> Yes <input type="radio"/> No | 6. How many full-time equivalent employees does the applicant have? (Check only one box).
<input checked="" type="radio"/> 3 or Fewer <input type="radio"/> 15 - 50
<input type="radio"/> 4 - 5 <input type="radio"/> 51 - 100
<input type="radio"/> 6 - 14 <input type="radio"/> Over 1000 |
| 3. Is the applicant a secular organization?
<input type="radio"/> Yes <input checked="" type="radio"/> No | 7. What is the size of the applicant's annual budget? (Check only one box.)
<input checked="" type="radio"/> Less Than \$150,000
<input type="radio"/> \$150,000 - \$299,999
<input type="radio"/> \$300,000 - \$499,999
<input type="radio"/> \$500,000 - \$999,999
<input type="radio"/> \$1,000,000 - \$4,999,999
<input type="radio"/> \$5,000,000 or more |
| 4. Does the applicant have 501(c)(3) status?
<input checked="" type="radio"/> Yes <input type="radio"/> No | |

Survey on Ensuring Equal Opportunity for Applicants

OMB NO. 1890-0014 EXP. 2/28/2009

Provide the applicant's (organization) name and number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

* Organization Name:

NCR of Northern Columbus, OH

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

	1	2
1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes? Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms. (If you have attachments that are electronic files please scroll to bottom of page 5 and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Total Points:</p>		

Part B. State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

	1	2
1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If no, skip to question # 4	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Does your state have specific enabling legislation for local impact fees? If no skip to question #9.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. If yes to the question #7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development? If yes, briefly list these changes.</p> <p>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states' "Consolidated Plan submitted to HUD?" If yes, briefly list these major regulatory reforms.</p> <p>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p> <p>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Total Points:</p>		

Additional Information:

Attachments

single_attachment_datagroup0
File Name

Mime Type

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 12/31/2006)

Applicant/Recipient Information

* Duns Number: [REDACTED]

* Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

NCR of Northern Columbus, OH

* Street1: 165 N. Stygler Drive

Street2:

* City: Gahanna

County:

* State: OH: Ohio

* Zip Code: 43230

* Country: USA: UNITED STATES

* Phone: [REDACTED]

2. Social Security Number or Employer ID Number: 31-1288291

* 3. HUD Program Name:

Assisted Living Conversion for Eligible Multifamily Housing Projects

* 4. Amount of HUD Assistance Requested/Received: \$ 2,194,899.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Stygler Commons

* Street1: 165 N. Stygler Drive

Street2:

* City: Gahanna

County: Franklin

* State: OH: Ohio

* Zip Code: 43230

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes No

Yes No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

U.S. Department of Housing & Urban Development

Government Agency Address:

* Street1: 451 7th Street S.W.

Street2:

* City: Washington, DC

County:

* State: DC: District of Columbia

* Zip Code: 20410

* Country: USA: UNITED STATES

* Type of Assistance: Grant

* Amount Requested/Provided: \$ 2,194,899.00

* Expected Uses of the Funds:

Convert 32 units in a 202 to assisted living.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

* Social Security No. or Employee ID No.

* Type of Participation in Project/Activity

* Financial Interest in Project/Activity (\$ and %)

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
NCR of Northern Columbus, OH	311288291	Applicant	\$ 2,194,899.00 100.00%
National Church Residences	20-218048	Consultant	\$ 100,000.00 0.00%
Berardi + Partners	31-101608	Architect	\$ 138,000.00 0.00%
Roshon Construction	830411540	Contractor	\$ 1,600,000.00 0.00%
			\$ 0.00 0.00%

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

* Signature:
Teresa Allton

* Date: (mm/dd/yyyy)
06/20/2007

Attachments

AdditionalInfo_attDataGroup0

File Name

Mime Type

AdditionalInfo1_attDataGroup0

File Name

Mime Type

Facsimile Transmittal

U. S. Department of Housing
and Urban Development
Office of Department Grants
Management and Oversight

OMB Approval No. 2525-0118
exp. Date (04/30/2005)

1182343218 - 6798

* Name of of Document Transmitting: ALCP App.-NCR of Northern Columbus, OH dba Stygler Commons

1. Applicant Information:			
* Legal Name:	<u>NCR of Northern Columbus, OH</u>		
* Address:			
* Street1:	<u>165 N. Stygler Drive</u>		
Street2:	<u></u>		
* City:	<u>Gahanna</u>		
County:	<u></u>		
* State:	<u>OH: Ohio</u>		
* Zip Code:	<u>43230</u>		
* Country:	<u>USA: UNITED STATES</u>		
2. Catalog of Federal Domestic Assistance Number:			
* Organizational DUNS:	<u>[REDACTED]</u>		
CFDA No.:	<u>14.314</u>		
Title:	<u>Assisted Living Conversion for Eligible Multifamily Housing Projects</u>		
Program Component:	<u></u>		
3. Facsimile Contact Information:			
Department:	<u></u>		
Division:	<u></u>		
4. Name and telephone number of person to be contacted on matters involving this facsimile.			
Prefix:	<u></u>		
* First Name:	<u>Thomas</u>		
Middle Name:	<u></u>		
* Last Name:	<u>Herlihy</u>		
Suffix:	<u></u>		
* Phone Number:	<u>[REDACTED]</u>		
Fax Number:	<u></u>		
* 5. Email: <u>[REDACTED]</u>			
* 6. What is your Transmittal? (Check one box per fax)			
<input type="radio"/> a. Certification	<input checked="" type="radio"/> b. Document	<input type="radio"/> c. Match/Leverage Letter	<input type="radio"/> d. Other
* 7. How many pages (including cover) are being faxed? <u>338</u>			

Form HUD-96011(10/12/2004)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

<p>1. * Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input checked="" type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. * Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application</p> <p><input checked="" type="checkbox"/> b. initial award</p> <p><input type="checkbox"/> c. post-award</p>	<p>3. * Report Type:</p> <p><input checked="" type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>year quarter</p> <p>date of last report</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee Tier if known:</p> <p>* Name: NCR of Northern Columbus, OH</p> <p>* Address: 165 N. Stygler Drive</p> <p>Gahanna</p> <p>OH: Ohio</p> <p>43230</p> <p>Congressional District, if known: OH-12</p>	<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p>	
<p>6. * Federal Department/Agency:</p> <p>U.S. Department of HUD</p>	<p>7. * Federal Program Name/Description: Assisted Living Conversion for Eligible Multifamily Housing Projects</p> <p>CFDA Number, if applicable: 14.314</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, complete name):</p> <p>* Name: N/A</p> <p>N/A</p> <p>* Address:</p>	<p>b. Individual Performing Services (including address if different from No. 10a):</p> <p>* Name: N/A</p> <p>N/A</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>* Signature: Teresa Allton</p> <p>* Name: Thomas</p> <p>Herlihy</p> <p>Title:</p> <p>Telephone No.:</p>	

	Date: 06-20-2007
Federal Use Only	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Public Burden Disclosure Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.