Exhibit M Evaluation Report of Rehabilitation Self-Help Technical Assistance (TA) Grants

Evaluation for Quarter Ending (1) _____, 20__

1. a. Name of Grantee:(2) _____
   b. Address:(3) _____
   c. Area the grant serves: (4) _____
   d. TA Employees (number of and positions held): (5)_____
   _____

2. Date of Agreement:(6) _____ Time Extended(7) _____

3. a. Equivalent unit increase during quarter:
   First Month
   (8)_____
   Second Month
   (9)_____
   Third Month
   (10)_____

   b. Cumulative total number of Equivalent Units since beginning of grant:
   (11)_____

4. a. Method of Rehabilitation: Acquisition(12)___, Owner Occupied(13) ____,

   b. Average construction investment this quarter:
   (14)_____
   c. 1. Average construction investment for the grant cycle:
   (15)_____
   d. Average cost savings to participant this quarter:
   (16)_____
   e. 1. Average cost savings to participants for the grant cycle:
   (17)_____

5. a. Number of houses/EU completed in this grant cycle:

(18)_____

b. Number of houses/EU under rehab this grant cycle, but started during previous grant:

(19)_____

c. Number of houses/EU currently under rehab:

(20)_____

d. Number of families in pre-rehab phase:

(21)_____

6.a. Average time needed to complete rehab project:

(22)_____

b. Length of time between submission of Rehab borrower's docket and approval/rejection and/or list third party funding sources being utilized:

(23)_____

c. Number and percentage of loan docket rejections during reporting period:

(24)_____

7.Did any of the following adversely affect the Grantee's ability to accomplish program objectives (attach narrative as needed)? (25)

	YES	NO
TA Staff Turnover		
RD Staff Turnover		
Bad Weather		
Loan Processing Delays		
Rehab Home Acquisition and Development		
Unavailable Loan/Grant Funds		
Lack of Participants		
Communication between RD/Grantee		

8. Attach information concerning individual projects as follows: (26)
(1) The participating families name, address, income level, and funding source with total loan/grant amount; (2) The rehab work completed with constructing investment amount; (3) Cost savings to family with explanation of method used.

I certify that the statements made above are true to the best of my knowledge and belief.
(27)_____ (28)_____
(Title) (Date)
(29)_____
(Grantee Signature)

B. *Area Office Review, as applicable*- I have reviewed the above information which I have found to be substantially correct.
Comments:(30)_____
_____

(31)_____ (32) _____
(Area Office Representative Signature) (Date)

C. *State Office Review, as applicable*-I have reviewed the above information which I have found to be substantially correct.
Comments:(33)_____
_____

(34)_____ (35)_____
(State Office Representative Signature) (Date)

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