

**EXHIBIT 8 (CONT'D)**

served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

- (f) Provide a support/commitment letter from **EACH** listed proposed funding source in (e) above, for the planned meals and supportive services. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization.
- (g) Provide a support letter from **EACH** governmental agency(ies) which provides licensing for ALFs in that jurisdiction.
- (h) Describe your relevant experience in arranging for and/or delivering supportive services to frail residents. The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. Include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

**NOTE:** If a request for funding under the Service Coordinators in Multifamily Housing NOFA for the ALF and/or the whole project (Section 202 projects with PRAC are not eligible for such funding because PRAC funds can cover the cost of service coordination) is included as part of this application, the Form HUD-424, indicating the dollars requested must be attached as Exhibit 10 (a). Do **NOT** attach the entire service coordinator application.