**EXHIBIT A**

**Threshold Criteria for Qualifying Project**

**RFQ # 4920 – Architect-Engineer Service**

Firm Name:

Name of Project:

Address of Project:

Owner or Developer:

Date of Final Completion:

Dwelling Units: 1BR:       2BR:       3BR:       4BR:       Total:

Describe Income Restrictions:

Subject to regulation by (check all that apply):

[ ]  HUD (identify):

[ ]  State affordable housing agency (identify):

[ ]  Other (identify):

Financed by - in whole or part, give amounts

[ ]  HUD grant or other direct subsidy (identify):

[ ]  State grant, loan, or other subsidy (identify):

[ ]  Low Income Housing Tax Credits (specify type):

[ ]  Other (identify):

Project Costs: Construction:       Total Development Cost:

Environmental Standards (check all that apply):

[ ]  LEED (indicate version, level):

[ ]  Built Green (indicate version, level):

[ ]  Evergreen Sustainable Development Standards (indicate version):

[ ]  Evergreen Green Communities (indicate version):

[ ]  Other (identify):

Reference (Owner, Developer, or their representative):

Name and Title:       Phone:       E-Mail Address: