Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

Project Name Enter Name FHA Project No. 000-00000 Address Enter Address

Instructions: Only light blue cells can be edited. Enter the staffing positions and salary projections for the subject as of the date when stabilized occupancy is realized. This tab is to be completed for both New Construction and for Substantial Rehab and 241a loans. For Substantial Rehablilitation and 241a loans also fill out the second tab (Current Staffing Schedule) with the subject's current staffing and salary information. Identify with a * any staff to be shared with additional facilities.

Indicate the year in which stabilized occupancy will be reached.

enter year

		Combined Hours Per Week	Combined Annual Salaries
Job Title	# of Employees		
Administrative			
e.g. Administrator			
e.g. Business Office			
e.g. Receptionist			
e.g. Marketing Manager			
e.g. Marketing Assistant			
Administrative - Payroll Taxes & Benefits	Tot	al - Administrative	\$0
Building & Grounds	100	ar - Manimistrative	Ψ0
e.g. Maintenance Supervisor			
e.g. Housekeeping Manager			
e.g. Housekeepers			
-			
Duilding & Crounds Dayroll Tayes and Day	ofite		
Building & Grounds - Payroll Taxes and Bene		uilding & Grounds	\$0
Activities & Other	Total - B	Crounds	Ψ0
e.g. Activities Director			
e.g. Activities Assistant			
e.g. Transportation			
Activities & Other - Payroll Taxes and Benefi	its		
	\$0		
Personal Care			
e.g. Registered Nurses			
e.g. LPN's			
e.g. CNAs			
Personal Care - Payroll Taxes and Benefits			
Total - Personal Care			\$0
Dietary			
e.g. Chef/Manager			
e.g. Cooks			
e.g. Assistants			
Distance Describeration I.B. Co.			
Dietary - Payroll Taxes and Benefits		Total Disc	¢ο
		Total - Dietary	\$0
Totals			
Combined Number of Hours			0
Full Time Equivalents Total (total # of hour	0		
	0		
Total Number of Employees (full time and p	art time)		U
Total Number of Employees (full time and p	art time)		\$0
	art time)		

Previous versions obsolete form HUD-91125-ORCF (03/2018) Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development in subject to criminal penalties, civil liability, and administrative sanctions.

Project Name Enter Name
FHA Project No. 000-00000
Address Enter Address

Instructions: In addition to the first tab (Forecasted Staffing Schedule), this tab needs to be filled out for substantial rehabilitation & 241a loans. Enter the current staffing & salary levels prior to the construction or rehabiliation taking place. Identify with a * any staff shared with additional facilities.

Indicate the year of the current staffing schedule.

enter year

Job Title	# of Employees	Combined Hours Per Week Ar	Combined ınual Salar
Administrative	# 01 Employees		
e.g. Administrator			
e.g. Business Office			
e.g. Receptionist			
e.g. Marketing Manager			
e.g. Marketing Assistant			
Administrative - Payroll Taxes & Benefits	-		
<u> </u>	Tota	ıl - Administrative	\$0
Building &		<u>'</u>	
e.g. Maintenance Supervisor			
e.g. Housekeeping Manager			
e.g. Housekeepers			
Building & Grounds - Payroll Taxes and Benefit	s		
		ilding & Grounds	\$0
Activities & Other			
e.g. Activities Director			
e.g. Activities Assistant			
e.g. Transportation			
Activities & Other - Payroll Taxes and Benefits			
	Total - A	Activities & Other	\$0
Personal Care		<u> </u>	
e.g. Registered Nurses			
e.g. LPN's			
e.g. CNAs			
Personal Care - Payroll Taxes and Benefits			
	Tot	al - Personal Care	\$0
Dietary			
e.g. Chef/Manager			
e.g. Cooks			
e.g. Assistants			
Dietary - Payroll Taxes and Benefits			

Totals	
Combined Number of Hours	0
Full Time Equivalents Total (total # of hours divided by 40)	0
Total Number of Employees (full time and part time)	0
Total Annual Salaries Paid	\$0
Total Annual Taxes & Benefits	\$0
Total Annual Salaries with Benefits	\$0