**Restoring Our Communities (ROC) Program**

**Needs Assessment Field Report**

The *Needs Assessment Field Report* is required to be completed by an experienced individual on behalf of the service provider in the initial evaluation of a potential ROC project. It enables the service provider to accurately identify rehabilitation items to include in the more detailed work write-up and cost estimates that becomes part of the *Project* *Feasibility Tool* and project application documentation. The inspection lists items to be considered in the rehabilitation budget. It also identifies rehabilitation activities that ***may be*** subject to the ROC program *Green Building measures for rehabilitation* specifications. The Specifications are designed to identify and give clear directions to service providers to improve energy efficiency. The quantity format makes cost estimating and cost proposals for the project more reliable for both the service providers and contractors.

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| --- | --- |
| Service Provider |  |
| Contact Name/E-Mail |  |
| Project Address |  |
| City, State, Zip |  |

|  |
| --- |
| Rating Key 1=Standard 2=Substandard 3=Nonexistent 4=Not Applicable |
| **Inspection Item** | **Rating** | **Observable Deficiency** | **Comments** | **# of Units** |
| **Exterior Conditions** |
| Roof |  |  |  |  |
| Roof Structure |  |  |  |  |
| Foundation |  |  |  |  |
| Foundation Drainage |  |  |  |  |
| Water System |  |  |  |  |
| Sewage Disposal System |  |  |  |  |
| Exterior Walls |  |  |  |  |
| Exterior Doors |  |  |  |  |
| **Interior Conditions** |
| Wall Structural |  |  |  |  |
| Wall Finish |  |  |  |  |
| Floors  |  |  |  |  |
| Ceilings |  |  |  |  |
| Kitchen Facilities |  |  |  |  |
| Bathroom Facilities |  |  |  |  |
| Room Dimensions |  |  |  |  |
| Light and Ventilation |  |  |  |  |
| Separations and Exits |  |  |  |  |
| Smoke Detectors |  |  |  |  |
| **Electrical and Mechanical Systems** |
| Exterior Connections |  |  |  |  |
| Electrical Systems |  |  |  |  |
| Heating System |  |  |  |  |
| Plumbing Equipment |  |  |  |  |
| **Site Conditions (check if present)** |
| Nuisances as per Code |  |  |  |  |
| Improper Occupancy |  |  |  |  |
| Hazardous/Unsanitary Premises |  |  |  |  |
| Faulty Materials of Construction |  |  |  |  |

|  |  |
| --- | --- |
| Inspection performed by |  |
| Date of Review |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_