All comments regarding the Draft Plans must be submitted using this form by 5:00 p.m. CDT on March 7, 2025. ***Comments which include cut-and paste text (or redlined/re-worded sections) of the proposed Plans will be rejected.*** *AHFA will not respond (or seek to interpret) to suggested change in language without a complete explanation of the suggested language change.* Please provide full explanatory and careful comments regarding your proposed changes, keeping in mind that your proposed changes might have an unintended consequence for a different project or location in the state. All forms should be submitted to ahfa.mf.qap@ahfa.com as an attachment to the email. Other documentation, e.g., product information or photos, may also be submitted. All comments will be posted at <www.ahfa.com> for review.

Select Date Submitted

Name:       Organization:       Email:       Phone:

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan Section** | **Section Reference** | **Page #** | **Specific Comments** |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |
| Plan | Section |       |       |